

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 Little Rock AR 72217 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00552257 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 M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2013 through M M / D D / Y Y Y Y 12 / 31 / 2013

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 M M / D D / Y Y Y Y 05 / 09 / 2014

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

**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 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	94856.17	94856.17
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	94856.17	94856.17
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	3225.92	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)).....	3225.92	3225.92
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	88081.55	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Ann Clemmer for Congress**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	69366.17	69366.17
(ii) Unitemized.....	5490.00	5490.00
(iii) TOTAL of contributions from individuals ▶	74856.17	74856.17
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	20000.00	20000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	94856.17	94856.17
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	94856.17	94856.17

**DETAILED SUMMARY PAGE**  
of Disbursements

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

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	94856.17
25. SUBTOTAL (add Line 23 and Line 24).....	94856.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6774.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	88081.55

**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 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Ann Clemmer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**R.D. Altes**

Mailing Address 8600 Moody Rd.

City Ft. Smith State AR Zip Code 72903

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

Name of Employer Fibersource Occupation President

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11AI.4145**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Charles Banks**

Mailing Address 100 Morgan Keegan Dr, Ste 100

City Little Rock State AR Zip Code 72202

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

Name of Employer Banks Law Firm Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 14 / 2013

**Transaction ID : SA11AI.4159**

Amount of Each Receipt this Period  
 750.00

**C.** 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:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4220**

Amount of Each Receipt this Period  
 500.00

**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: PAGE 6 OF 33  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Ann Clemmer for Congress**

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

Mailing Address 63 Pinecrest Cir

City Sheridan State AR Zip Code 72150

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

Name of Employer State of AR Occupation Legislator

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.4188**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Bull**

Mailing Address 6181 Pierce Manse Loop

City Benton State AR Zip Code 72019

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

Name of Employer Self-employed Occupation Developer

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4222**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 880 Western Lake Rd

City Santa Rosa Beach State FL Zip Code 32459

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.4209**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

**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 33
	<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)  
**Cara Carter**

Mailing Address 15 Gettysburg

City State Zip Code  
Cabot AR 72023

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 31 2013

**Transaction ID : SA11AI.4233**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ken Cassidy**

Mailing Address PO Box 1961

City State Zip Code  
Benton AR 72018

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

Name of Employer Occupation  
State of Arkansas Prosecuting Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 30 2013

**Transaction ID : SA11AI.4122**

Amount of Each Receipt this Period  
300.00

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

Mailing Address PO Box 1961

City State Zip Code  
Benton AR 72018

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

Name of Employer Occupation  
State of Arkansas Prosecuting Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 31 2013

**Transaction ID : SA11AI.4215**

Amount of Each Receipt this Period  
200.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Ann Clemmer for Congress**

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

Mailing Address 1315 Southridge Ct

City Ft. Smith State AR Zip Code 72908

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11AI.4151**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Cherry**

Mailing Address 1315 Southridge Ct

City Ft. Smith State AR Zip Code 72908

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11AI.4296**

Amount of Each Receipt this Period  
 2600.00

**C.** 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:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2013

**Transaction ID : SA11AI.4269**

Amount of Each Receipt this Period  
 516.17  
 In-kind - Stickers/lapel pins

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

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

5716.17



**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 33
	<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)  
**Bruce Cozart**

Mailing Address 420 Rock Springs Rd

City Hot Springs State AR Zip Code 71913

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

Name of Employer State of AR Occupation Legislator

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.4192**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Karen Cranford**

Mailing Address 1610 W 3rd Street

City Little Rock State AR Zip Code 72201

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

Name of Employer State of AR Occupation Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4263**

Amount of Each Receipt this Period  
1400.00

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

Mailing Address 1610 W 3rd Street

City Little Rock State AR Zip Code 72201

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

Name of Employer State of AR Occupation Cranford Coalition Owner

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4261**

Amount of Each Receipt this Period  
2600.00

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

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

4250.00

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

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

FOR LINE NUMBER: PAGE 10 OF 33  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Ann Clemmer for Congress**

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

Mailing Address 7006 Lucea Rd

City State Zip Code  
Little Rock AR 72210

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

Name of Employer Occupation  
State of AR Legislator

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 17 2013

**Transaction ID : SA11AI.4207**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Rodney Dean**

Mailing Address 415 Rogers Ave

City State Zip Code  
Ft. Smith AR 72901

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

Name of Employer Occupation  
Best Efforts Best Efforts

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 25 2013

**Transaction ID : SA11AI.4149**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 415 Rogers Ave

City State Zip Code  
Ft. Smith AR 72901

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

Name of Employer Occupation  
Best Efforts Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 25 2013

**Transaction ID : SA11AI.4295**

Amount of Each Receipt this Period  
2600.00

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

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

5700.00

**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 33
	<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. Dan Douglas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6251 SW Regional Airport Blvd

City Bentonville	State AR	Zip Code 72712
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FEC ID number of contributing federal political committee. **C**

Name of Employer State of AR	Occupation Legislator
---------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.4205**

Amount of Each Receipt this Period  
300.00

**B. JT Ferguson**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 152

City Dewitt	State AR	Zip Code 72042
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cormier Rice Mill	Occupation Rice mill owner
---------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4218**

Amount of Each Receipt this Period  
2600.00

**C. Jeremy Gillam**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1825 Missile Base Rd

City Judsonia	State AR	Zip Code 72081
------------------	-------------	-------------------

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

Name of Employer Gillam Farms	Occupation Farmer
----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : SA11AI.4197**

Amount of Each Receipt this Period  
500.00

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

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

3400.00

**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 33
	<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)  
**Richard Griffin**

Mailing Address **PO Box 2207**

City **Ft. Smith** State **AR** Zip Code **72902**

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

Name of Employer **Best Efforts** Occupation **Best Efforts**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 04 / 2013**

**Transaction ID : SA11AI.4170**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kim Hammer**

Mailing Address **1411 Edgehill**

City **Benton** State **AR** Zip Code **72015**

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

Name of Employer **State of AR** Occupation **Legislator**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 17 / 2013**

**Transaction ID : SA11AI.4190**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **15102 Southview Dr**

City **Alexander** State **AR** Zip Code **72202**

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

Name of Employer **State of AR** Occupation **Purchasing**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11AI.4213**

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 13 OF 33
	<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)  
**Jeremy Hutchinson**

Mailing Address 201 E North St

City Benton State AR Zip Code 72015

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

Name of Employer Hutchinson Law Firm Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2013

**Transaction ID : SA11AI.4108**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeremy Hutchinson**

Mailing Address 201 E North St

City Benton State AR Zip Code 72015

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

Name of Employer Hutchinson Law Firm Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4232**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 5605 James Gunnell Lane

City Alexandria State VA Zip Code 22310

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

Name of Employer Dickstein Shapiro LLC Occupation Advisor

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : SA11AI.4164**

Amount of Each Receipt this Period  
 2600.00

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

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

4850.00

**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 33
	<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)  
**Tim Hutchinson**

Mailing Address 5605 James Gunnell Lane

City State Zip Code  
Alexandria VA 22310

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

Name of Employer Occupation  
Dickstein Shapiro LLP Senior Advisor

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 26 / 2013

**Transaction ID : SA11AI.4162**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Timothy Hutchinson**

Mailing Address 3935 Chesapeake Street

City State Zip Code  
Springdale AR 72762

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11AI.4247**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 7204 New Hope Rd

City State Zip Code  
Hackett AR 72937

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

Name of Employer Occupation  
Best Efforts Best Efforts

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 25 / 2013

**Transaction ID : SA11AI.4155**

Amount of Each Receipt this Period  
2600.00

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 33
	<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)  
**Christopher Moody**

Mailing Address 7204 New Hope Rd

City Hackett State AR Zip Code 72937

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

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11AI.4298**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 415 Rogers Ave

City Ft. Smith State AR Zip Code 72901

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

Name of Employer Self-employed Occupation Self-employed

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11AI.4153**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 415 Rogers Ave

City Ft. Smith State AR Zip Code 72901

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

Name of Employer Self-employed Occupation Self-employed

Receipt For:  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11AI.4297**

Amount of Each Receipt this Period  
 5200.00

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

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

7800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 33
	<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)  
**Terry Morton**

Mailing Address 2806 May Branch Point

City Ft. Smith State AR Zip Code 72903

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11AI.4157**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Terry Morton**

Mailing Address 2806 May Branch Point

City Ft. Smith State AR Zip Code 72903

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11AI.4299**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 1306 E 13th St

City Russellville State AR Zip Code 72802

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

Name of Employer Self-employed Occupation Self-employed

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4255**

Amount of Each Receipt this Period  
 500.00

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

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

5700.00



**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 17 OF 33
	<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)  
**Taylor Parsons**

Mailing Address 7415 Camille Dr

City Benton State AR Zip Code 72015

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

Name of Employer Bryant School District Occupation Teacher

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4253**

Amount of Each Receipt this Period  
 600.00

**B.** Full Name (Last, First, Middle Initial)  
**Bradley Phillips**

Mailing Address 1730 John Bryant Dr

City Conway State AR Zip Code 72034

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

Name of Employer Phillips Consulting Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4249**

Amount of Each Receipt this Period  
 250.00

**C.** 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:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : SA11AI.4178**

Amount of Each Receipt this Period  
 500.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33
	<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**

Full Name (Last, First, Middle Initial) <b>A. Jerry Sams</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2013
Mailing Address 3316 Pecan Grove Lane		<b>Transaction ID : SA11AI.4147</b>
City Alma	State AR Zip Code 72921	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2600.00
Name of Employer Best Efforts	Occupation Best Efforts	Election Cycle-to-Date 2600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Jerry Sams</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2013
Mailing Address 3316 Pecan Grove Lane		<b>Transaction ID : SA11AI.4294</b>
City Alma	State AR Zip Code 72921	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2600.00
Name of Employer Best Efforts	Occupation Best Efforts	Election Cycle-to-Date 5200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) <b>C. Martin Silverfield</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2013
Mailing Address 234 Chenal Woods Dr		<b>Transaction ID : SA11AI.4266</b>
City Little Rock	State AR Zip Code 72223	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Best Efforts	Occupation Best Efforts	Election Cycle-to-Date 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33
	<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)  
**Russell Simmons**

Mailing Address 2925 Hot Springs Hwy

City Benton State AR Zip Code 72019

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

Name of Employer Simmons EyeCare Occupation Optometrist

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4235**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Doug Strock**

Mailing Address PO Box 943

City Alexander State AR Zip Code 72002

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

Name of Employer AR State Hospital Occupation Compliance Officer

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11AI.4174**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 2 Rick Rd

City Batesville State AR Zip Code 72501

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

Name of Employer State of AR Occupation Assistant

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4265**

Amount of Each Receipt this Period  
150.00

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

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

2400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<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)  
**Carolyn Terry**

Mailing Address 2804 Chaffin Lane

City Magnolia State AR Zip Code 71753

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4237**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**David Veasman**

Mailing Address PO Box 129

City Brittany State LA Zip Code 70718

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

Name of Employer Momentive Speciality Chemicals Occupation Maint Tech

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2013

**Transaction ID : SA11AI.4136**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address PO Box 129

City Brittany State LA Zip Code 70718

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

Name of Employer Momentive Speciality Chemicals Occupation Maint Tech

Receipt For:  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2013

**Transaction ID : SA11AI.4292**

Amount of Each Receipt this Period  
400.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 33
	<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)  
**Martha Veasman**

Mailing Address 8564 Samples Rd

City Benton State AR Zip Code 72019

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4226**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Martha Veasman**

Mailing Address 8564 Samples Rd

City Benton State AR Zip Code 72019

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4300**

Amount of Each Receipt this Period  
 5200.00

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

Mailing Address 8564 Samples Rd

City Benton State AR Zip Code 72019

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.4301**

Amount of Each Receipt this Period  
 7800.00

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

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

7800.00

69366.17

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 33
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**20000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 30 / 2013**

**Transaction ID : SA11D.4302**

Amount of Each Receipt this Period  
**20000.00**

**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

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

Amount of Each Receipt this Period

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

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

**20000.00**

**20000.00**

**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 23 OF 33		
	<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) <b>A. Allegra Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 5610 W 65th St		Amount of Each Disbursement this Period 274.64 <b>Transaction ID : SB17.4287</b>
City Little Rock	State AR	
Zip Code 72209	Purpose of Disbursement 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) <b>B. Allegra Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 5610 W 65th St		Amount of Each Disbursement this Period 324.08 <b>Transaction ID : SB17.4288</b>
City Little Rock	State AR	
Zip Code 72209	Purpose of Disbursement 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) <b>c. Allegra Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 5610 W 65th St		Amount of Each Disbursement this Period 123.53 <b>Transaction ID : SB17.4279</b>
City Little Rock	State AR	
Zip Code 72209	Purpose of Disbursement 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	722.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 33		
	<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) <b>A. Allegra Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 5610 W 65th St		Amount of Each Disbursement this Period 609.15 <b>Transaction ID : SB17.4290</b>
City Little Rock	State AR Zip Code 72209	
Purpose of Disbursement 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) <b>B. Ann Clemmer</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2013
Mailing Address PO Box 7878		Amount of Each Disbursement this Period 516.17 <b>Transaction ID : SB17.4270</b>
City Little Rock	State AR Zip Code 72217	
Purpose of Disbursement In-kind - Stickers/apel pins	Category/Type	
Candidate Name		
Office Sought: <input checked="" 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: AR District: 02		

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 250.81 <b>Transaction ID : SB17.4286</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1376.13
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 33		
	<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) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 500.22
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	<b>Transaction ID : SB17.4289</b>
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 142.18
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	<b>Transaction ID : SB17.4281</b>
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	642.40
<b>TOTAL</b> This Period (last page this line number only).....	2740.78

**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 33			
	<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) <b>A. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 302.00 <b>Transaction ID : SB21.4509</b>
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>B. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : SB21.4510</b>
City Little Rock	State AR	
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>c. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : SB21.4511</b>
City Little Rock	State AR	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	304.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 33			
	<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) <b>A. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : SB21.4512</b>
City Little Rock	State AR	
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>B. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : SB21.4513</b>
City Little Rock	State AR	
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>c. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : SB21.4514</b>
City Little Rock	State AR	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 33			
	<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) <b>A. Roland Reed</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013		
Mailing Address 2200 Riverfront Dr #4311			Amount of Each Disbursement this Period 102.00		
City Little Rock	State AR	Zip Code 72201	Transaction ID : SB21.4515		
Purpose of Disbursement Unauthorized disbursement--withdrawal		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. Roland Reed</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013		
Mailing Address 2200 Riverfront Dr #4311			Amount of Each Disbursement this Period 202.00		
City Little Rock	State AR	Zip Code 72201	Transaction ID : SB21.4516		
Purpose of Disbursement Unauthorized disbursement--withdrawal		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>c. Roland Reed</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013		
Mailing Address 2200 Riverfront Dr #4311			Amount of Each Disbursement this Period 202.00		
City Little Rock	State AR	Zip Code 72201	Transaction ID : SB21.4517		
Purpose of Disbursement Unauthorized disbursement--withdrawal		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	506.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 33
	<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) <b>A. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 202.00 <b>Transaction ID : SB21.4518</b>
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>B. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 302.00 <b>Transaction ID : SB21.4519</b>
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>c. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : SB21.4520</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	505.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 33
	<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) <b>A. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : SB21.4521</b>
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>B. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 202.00 <b>Transaction ID : SB21.4522</b>
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>c. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 302.00 <b>Transaction ID : SB21.4523</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	505.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 33			
	<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) <b>A. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : SB21.4524</b>
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>B. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 502.00 <b>Transaction ID : SB21.4525</b>
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>c. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : SB21.4526</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	504.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 33			
	<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) <b>A. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 805.00 <b>Transaction ID : SB21.4527</b>
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>B. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 302.00 <b>Transaction ID : SB21.4528</b>
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>C. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 502.00 <b>Transaction ID : SB21.4529</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	805.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 33	
	<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) <b>A. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 23 / 2013</b>
Mailing Address <b>2200 Riverfront Dr #4311</b>		Amount of Each Disbursement this Period <b>15.70</b> <b>Transaction ID : SB21.4530</b>
City <b>Little Rock</b>	State <b>AR</b>	
Zip Code <b>72201</b>	Purpose of Disbursement <b>Unauthorized disbursement--Quick Stop</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Roland Reed</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2013</b>
Mailing Address <b>2200 Riverfront Dr #4311</b>		Amount of Each Disbursement this Period <b>400.00</b> <b>Transaction ID : SB21.4534</b>
City <b>Little Rock</b>	State <b>AR</b>	
Zip Code <b>72201</b>	Purpose of Disbursement <b>Cash balance adjustment for unauthorized activities</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>415.70</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>3547.70</b>