

**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

Tim Griffin for Congress

ADDRESS (number and street)

P.O. BOX 7526

Check if different  
than previously  
reported. (ACC)

LITTLE ROCK

AR

72217

2. FEC IDENTIFICATION NUMBER ▼

C

C00468116

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORT☐ NEW  
(N)

OR

☒ AMENDED  
(A)

AR

02

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

07 / 01 / 2012

through

M M / D D / Y Y Y Y

09 / 30 / 2012

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 Todd Hart

Signature of Treasurer Todd Hart

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 25 / 2012

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 163

Write or Type Committee Name

**Tim Griffin for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

	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))....	214087.00	1483777.12
(b) Total Contribution Refunds (from Line 20(d)) .....	850.00	10450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	213237.00	1473327.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	325221.23	1045934.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	312.00	23188.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	324909.23	1022745.91
8. Cash on Hand at Close of Reporting Period (from Line 27).....	450812.93	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

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

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

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 163

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Tim Griffin for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

**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).....

118416.00

942537.69

(ii) Unitemized.....

14801.00

51571.11

(iii) TOTAL of contributions from individuals ▶

133217.00

994108.80

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

80870.00

489668.32

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

214087.00

1483777.12

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

17043.60

**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.) .....**

312.00

23188.09

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

100.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

214399.00

1524108.81

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 163

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	325221.23	1045934.00
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 .....	850.00	10450.00
(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)).....	850.00	10450.00
21. OTHER DISBURSEMENTS .....	35500.00	98400.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	361571.23	1154784.00

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	597985.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	214399.00
25. SUBTOTAL (add Line 23 and Line 24).....	812384.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	361571.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	450812.93

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 163

(check only one)

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

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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**DR. JACOB E. ABRAHAM****A.**

Mailing Address 16 STONEGATE POINT

City

HOT SPRINGS

State

AR

Zip Code

71913-8898

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.6538

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. LADLY ABRAHAM****B.**

Mailing Address 404 HICKORY CREEK COURT

City

LITTLE ROCK

State

AR

Zip Code

72212-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PULMONARY ASSOCIATES

Occupation

PHYSICIAN

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.6536

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. ALBERT S. ALEXANDER****C.**

Mailing Address 3612 FOXCROFT

City

LITTLE ROCK

State

AR

Zip Code

72227-2333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RADIOLOGY ASSOCIATES

Occupation

RADIOLOGIST

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : SA11.6230

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1500.00

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

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

FOR LINE NUMBER:

PAGE 6 OF 163

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**DAVID ALEXANDER**

Mailing Address PO Box 1256

City

CAMDEN

State

AR

Zip Code

71711-1856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STANDARD GRAVEL, CO.Occupation  
CHIEF EXECUTIVE OFFICER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.42681

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. JODI M. BARBOZA**

Mailing Address 5001 SPARKS ROAD

City

LITTLE ROCK

State

AR

Zip Code

72210-4955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RADIOLOGIST

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : SA11.6244

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MARK D. BEACH**

Mailing Address 21 DOCENTE LANE

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909-8709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C.D.I. CONTRACTORS, INC.Occupation  
VICE PRESIDENT

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : SA11.6492

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

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

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

1850.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)  
**JOHN BEASLEY**

Mailing Address **P.O. BOX 7609**

City State Zip Code  
**LITTLE ROCK AR 72217-7609**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**09 / 20 / 2012**

Transaction ID : **SA11.6409**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TERRELL E. BENHAM**

Mailing Address **2601 GARDEN BEND DRIVE**

City State Zip Code  
**BENTON AR 72015-6037**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**IMPACT MANAGEMENT GROUP, INC.**

Occupation  
**PARTNER**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**750.00**

Date of Receipt

**09 / 20 / 2012**

Transaction ID : **SA11.6423**

Amount of Each Receipt this Period

**750.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**KEVIN BINGER**

Mailing Address **12910 CREAMERY HILL DRIVE**

City State Zip Code  
**GERMANTOWN MD 20874-6338**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CASSIDY & ASSOCIATES**

Occupation  
**SENIOR VICE PRESIDENT**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**09 / 24 / 2012**

Transaction ID : **SA11.6455**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**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:

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**RICHARD H. BLANK JR.**

Mailing Address 5618 EDGEWOOD ROAD

City

LITTLE ROCK

State

AR

Zip Code

72207-5314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STEPHENS INC

Occupation

INVESTMENTS

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : SA11.6486

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**BARBARA BOVA**

Mailing Address 10 RIVER GLEN CIRCLE

City

LITTLE ROCK

State

AR

Zip Code

72202-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : SA11.6489

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**STEPHEN R. BOVA**

Mailing Address 10 RIVER GLEN CIRCLE

City

LITTLE ROCK

State

AR

Zip Code

72202-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLARK BOVA GROUP

Occupation

MANAGEMENT CONSULTANT

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2012

Transaction ID : SA11.6252

Amount of Each Receipt this Period

2500.00

Contribution

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

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

4000.00



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

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

FOR LINE NUMBER:

PAGE 9 OF 163

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**ALBERT BRAUNFISCH**Mailing Address **1 EDGEHILL ROAD**

City

**LITTLE ROCK**

State

**AR**

Zip Code

**72207-5443**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**SELF-EMPLOYED**

Occupation

**BANK CONSULTANT**

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

**2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2012

**Transaction ID : SA11.6487**

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MARK BROCKINTON**Mailing Address **2013 NORTH SPRUCE STREET**

City

**LITTLE ROCK**

State

**AR**

Zip Code

**72207-4727**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**AON RISK SERVICES, INC.**

Occupation

**MANAGING DIRECTOR**

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

**2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		12		2012

**Transaction ID : SA11.6389**

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ANNA-LOUISE BROWN**Mailing Address **93 HAWLEY WOODS RD.**

City

**BARRINGTON**

State

**IL**

Zip Code

**60010-5136**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**HOMEMAKER**

Occupation

**HOMEMAKER**

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

**2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		12		2012

**Transaction ID : SA11.6375**

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**7500.00**

**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 163

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HENRY C. BROWNE**

Mailing Address 5708 WARDEN ROAD

City State Zip Code  
SHERWOOD AR 72120-6070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HANK'S FINE FURNITUREOccupation  
OWNER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Transaction ID : SA11.6440

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOSEPH LEE BROWN**

Mailing Address 5313 N. GRANDVIEW STREET

City State Zip Code  
LITTLE ROCK AR 72207-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FRIDAY LAW FIRMOccupation  
ATTORNEY

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : SA11.6490

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RONALD E. BROWN**

Mailing Address 10609 CASTLETON ST.

City State Zip Code  
FORT SMITH AR 72908-9372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
O.K. INDUSTRIES, INC.Occupation  
SENIOR VICE PRESIDENT

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2012

Transaction ID : SA11.6450

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

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

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

4750.00

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

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

FOR LINE NUMBER:

PAGE 11 OF 163

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

A. Full Name (Last, First, Middle Initial)  
**JULIE CALHOUN**

Mailing Address **2016 BEECHWOOD**

City	State	Zip Code
<b>LITTLE ROCK</b>	<b>AR</b>	<b>72207-2020</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**09 / 12 / 2012**

Transaction ID : **SA11.6382**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**JOE CARTER**

Mailing Address **234 VALLEY CLUB CIRCLE**

City	State	Zip Code
<b>LITTLE ROCK</b>	<b>AR</b>	<b>72212-2914</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SNYDER ENVIRONMENTAL**

Occupation  
**PRESIDENT**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**09 / 12 / 2012**

Transaction ID : **SA11.6378**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**KEN CASADY**

Mailing Address **P.O. BOX 1961**

City	State	Zip Code
<b>BENTON</b>	<b>AR</b>	<b>72018-1961</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STATE OF ARKANSAS**

Occupation  
**PROSECUTING ATTORNEY**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**08 / 22 / 2012**

Transaction ID : **SA11.6238**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

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

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

**2500.00**

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**BENSON A. CASHION**

Mailing Address PO BOX 550

City

LITTLE ROCK

State

AR

Zip Code

72203-0550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE CASHION COMPANYOccupation  
PRESIDENT

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6339

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MATTHEW K. CASHION JR.**

Mailing Address 58 TALAIS DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72223-9129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE CASHION COMPANYOccupation  
SECRETARY/TREASURER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6340

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOHN F. CLORUS**

Mailing Address 7 ADAJA LANE

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909-6508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6294

Amount of Each Receipt this Period

400.00

CONTRIBUTION

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

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

1400.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**STEVEN A. COSSE'**

Mailing Address PO BOX 12080

City

EL DORADO

State

AR

Zip Code

71730-0039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MURPHY OIL

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

Transaction ID : SA11.6354

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MIKE COULSON**

Mailing Address POST OFFICE BOX 68

City

NORTH LITTLE ROCK

State

AR

Zip Code

72115-0068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COULSON OIL COMPANY, INC.

Occupation

CHAIRMAN OF THE BOARD

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.6500

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TIMOTHY P. DAVEN**Mailing Address 1429 MERRILL DRIVE  
SUITE 5

City

LITTLE ROCK

State

AR

Zip Code

72211-1898

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMMODITY RISK MANAGEMENT, INC.

Occupation

COMMODITY CONSULTANT

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6345

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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

2250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**ALEXANDRIA W. DAVIS****A.**Mailing Address 1333 NEW HAMPSHIRE AVE., NW  
SUITE 400

City	State	Zip Code
WASHINGTON	DC	20036-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2012

**Transaction ID : SA11.6214**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. JOHN D. DAY****B.**Mailing Address 4301 W. MARKHAM STREET  
SLOT 507

City	State	Zip Code
LITTLE ROCK	AR	72205-7101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAMSOccupation  
PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

**Transaction ID : SA11.6488**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. CHARLES WILLIAM DEATON JR.****C.**

Mailing Address P.O. BOX 22403

City	State	Zip Code
LITTLE ROCK	AR	72221-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RADIOLOGIST

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

**Transaction ID : SA11.6233**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**RUTH DEATON**

Mailing Address 12416 EAGLE POINTE PLACE

City

LITTLE ROCK

State

AR

Zip Code

72211-2263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

HYPNOTHERAPIST

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.8546

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DAVID F. DEGRAFF**

Mailing Address 55 SANCHEZ WAY

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909-7703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Transaction ID : SA11.6407

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RAY C. DILLON**

Mailing Address 57 SOLOGNE CIRCLE

City

LITTLE ROCK

State

AR

Zip Code

72223-8913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DELTIC TIMBER CORPORATION

Occupation

PRESIDENT AND CEO

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Transaction ID : SA11.6394

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1550.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

A. Full Name (Last, First, Middle Initial)  
**KAIRYS DONATAS**

Mailing Address 233 S. Wacker Drive

City	State	Zip Code
CHICAGO	IL	60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**LOADSYS**

Occupation  
**PROGRAMMER**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 08 / 2012

Transaction ID : SB.59

Amount of Each Receipt this Period

5.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**KAIRYS DONATAS**

Mailing Address 233 S. Wacker Drive

City	State	Zip Code
CHICAGO	IL	60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**LOADSYS**

Occupation  
**PROGRAMMER**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SB.63

Amount of Each Receipt this Period

5.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**DELMA D. DUNN**

Mailing Address 1923 EAST JOYCE BLVD.  
APT 138

City	State	Zip Code
FAYETTEVILLE	AR	72703-5168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2012

Transaction ID : SA11.6383

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

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

510.00



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

 Use separate schedule(s)  
 for each category of the  
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(check only one)

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

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 NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

 Full Name (Last, First, Middle Initial)  
**DR. STEVEN A. DUNNAGAN**

Mailing Address 150 HICKORY CREEK CIRCLE

City	State	Zip Code
LITTLE ROCK	AR	72212-2511

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 RADIOLOGY ASSOCIATES, PA

 Occupation  
 RADIOLOGIST

 Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		22		2012

Transaction ID : SA11.6234

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MERRITT DYKE**

Mailing Address 420 ARGONNE DRIVE, NW

City	State	Zip Code
ATLANTA	GA	30305-2841

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 DYKE INDUSTRIES, INC.

 Occupation  
 VICE CHAIRMAN

 Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		23		2012

Transaction ID : SA11.6188

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ELDON R. ENGLAND**

Mailing Address 214 HONEY HILL LOOP

City	State	Zip Code
SEARCY	AR	72143-9393

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 SELF-EMPLOYED

 Occupation  
 RETAIL SALES

 Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		12		2012

Transaction ID : SA11.6358

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**DAN EOFF****A.**

Mailing Address 2848 SHAKERAG ROAD

City

CLINTON

State

AR

Zip Code

72031-6863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BAR OF RANCH

Occupation

OWNER

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

**Transaction ID : SA11.6369**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SARA TAYLOR FAGEN****B.**

Mailing Address 606 N. HUDSON STREET

City

ARLINGTON

State

VA

Zip Code

22201-2045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

D.D.C. ADVOCACY

Occupation

CONSULTANT

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2012

**Transaction ID : SA11.6185**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SARA TAYLOR FAGEN****C.**

Mailing Address 606 N. HUDSON STREET

City

ARLINGTON

State

VA

Zip Code

22201-2045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

D.D.C. ADVOCACY

Occupation

CONSULTANT

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

**Transaction ID : SA11.6466**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**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

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CURTIS FERGUSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2012	
Mailing Address 200 FERGUSON DRIVE		<b>Transaction ID : SA11.6523</b>	
City BENTON	State AR	Zip Code 72015	Amount of Each Receipt this Period 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer FERGUSON'S FURNITURE CO.	Occupation OWNER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>RICKY FINKBEINER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2012	
Mailing Address 10800 BARRETT ROAD		<b>Transaction ID : SA11.6164</b>	
City ROLAND	State AR	Zip Code 72135-9781	Amount of Each Receipt this Period 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer ENERGY MASTER HOME INC.	Occupation OWNER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>RICKY FINKBEINER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2012	
Mailing Address 10800 BARRETT ROAD		<b>Transaction ID : SA11.6165</b>	
City ROLAND	State AR	Zip Code 72135-9781	Amount of Each Receipt this Period 25.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer ENERGY MASTER HOME INC.	Occupation OWNER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		775.00	
<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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**BUD FINLEY**

Mailing Address 10770 SAMPLES ROAD

City

ALEXANDER

State

AR

Zip Code

72002-8648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FINLEY & COMPANY INCOccupation  
DEVELOPER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6330

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DOMINIC FLIS**

Mailing Address 28 COURTS DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72223-9021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLIS MANAGEMENT CO.Occupation  
EXECUTIVE

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.6518

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MOZELLA DEES FLUCHT**

Mailing Address 136 CHEROKEE DRIVE

City

MAUMELLE

State

AR

Zip Code

72113-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6292

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

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

1200.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DR. CHRISTOPHER FORD**  
 Mailing Address 2117 TUNLAW ROAD, NW

City	State	Zip Code
WASHINGTON	DC	20007-2222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 HUDSON INSTITUTE

Occupation  
 SCHOLAR

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2012

Transaction ID : SA11.6187

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DOUGLAS FORD**  
 Mailing Address 3705 LANE COVE

City	State	Zip Code
CONWAY	AR	72034-3353

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 PULASKI TECHNICAL COLLEGE

Occupation  
 TECHNICAL ADVISOR

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

Transaction ID : SA11.6288

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SCOTT T. FORD**  
 Mailing Address 22311 HIGHWAY 10

City	State	Zip Code
LITTLE ROCK	AR	72223-4449

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 WESTROCK CAPITAL PARTNERS

Occupation  
 INVESTOR

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.6517

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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

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

4000.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**MATTHEW FRENCH**

Mailing Address 6025 Chestnut Street

City

New Orleans

State

LA

Zip Code

70118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SURGICAL SPECIALISTS OF LAOccupation  
PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2012

Transaction ID : SB.60

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RON FULLER**

Mailing Address 5 BRAEBURN COURT

City

LITTLE ROCK

State

AR

Zip Code

72212-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RON FULLER ENTERPRISESOccupation  
PRESIDENT

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2012

Transaction ID : SA11.6254

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CHRISTINE GARDNER**

Mailing Address 17 BRETAGNE CIRCLE

City

LITTLE ROCK

State

AR

Zip Code

72223-9115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6327

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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

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

4000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 163

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**A. Full Name (Last, First, Middle Initial)  
**JEFFREY R. GARDNER**Mailing Address **17 BRETAGNE CIRCLE**

City	State	Zip Code
LITTLE ROCK	AR	72223-9115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**WINDSTREAM CORPORATION**Occupation  
**PRESIDENT & CEO**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6328

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**MONA LEE GARNER**Mailing Address **913 N. JAMES STREET**

City	State	Zip Code
SEARCY	AR	72143-3926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**Occupation  
**RETIRED**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

Transaction ID : SA11.6275

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**DR. JEROME J. GEHL**Mailing Address **33 EDGEHILL ROAD**

City	State	Zip Code
LITTLE ROCK	AR	72207-5461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RADIOLOGY ASSOCIATES P.A.**Occupation  
**PHYSICIAN**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : SA11.6240

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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

3050.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH H. GIBSON**

Mailing Address 5040 GLENBROOK TERRACE, NW

City State Zip Code  
WASHINGTON DC 20016-2602

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

Name of Employer Occupation  
THE GIBSON GROUP PRINCIPAL

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		21		2012

Transaction ID : SA11.6204

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**C. JOE GIROIR JR.**

Mailing Address 1250 SAWMILL ROAD

City State Zip Code  
QUITMAN AR 72131-9522

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

Name of Employer Occupation  
SELF-EMPLOYED RANCHER/ATTORNEY

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		24		2012

Transaction ID : SA11.6255

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GORDON GONDEK**

Mailing Address 1215 REBSAMEN PARK ROAD

City State Zip Code  
LITTLE ROCK AR 72202-1819

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

Name of Employer Occupation  
R-G VENTURES, LLC PARTNER

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		23		2012

Transaction ID : SA11.6161

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**[MEMO ITEM]**

Allocation of partnership contribution from R-G Ventures, LLC

1000.00

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

TOTAL 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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**GORDON GONDEK**

Mailing Address 1215 REBSAMEN PARK ROAD

City

LITTLE ROCK

State

AR

Zip Code

72202-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R-G VENTURES, LLCOccupation  
PARTNER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Transaction ID : SA11.6400

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**[MEMO ITEM]**

Allocation of partnership contribution from R-G Ventures, LLC

Full Name (Last, First, Middle Initial)

**DR. WHITNEY J. GOODWIN**

Mailing Address 22 TALLYHO LANE

City

LITTLE ROCK

State

AR

Zip Code

72227-2416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RADIOLOGIST

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : SA11.6236

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SHASHWAT GOYAL**

Mailing Address 704 WEST MICHIGAN STREET

City

STUTTGART

State

AR

Zip Code

72160-3040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRAIRIE HOSPITALITY MANAGEMENT, LLCOccupation  
OWNER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.6550

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

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

1250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**DAN GREENBERG**

Mailing Address 55 FONTENAY CIRCLE

City

LITTLE ROCK

State

AR

Zip Code

72223-9569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ATTORNEY

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : SA11.6485

Amount of Each Receipt this Period

400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. MINOR GREGORY**

Mailing Address 23 HICKORY CREEK DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72212-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RADIOLOGIST

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : SA11.6241

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**LOYD HARRIS**

Mailing Address PO BOX 784

City

JACKSONVILLE

State

AR

Zip Code

72078-0784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6320

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1650.00

**TOTAL** 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

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(check only one)

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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**DR. SCOTT B. HARTER**

Mailing Address 55 MAISONS DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72223-9020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Radiologist

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		22		2012

Transaction ID : SA11.6232

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**BRUCE HAWKINS**

Mailing Address 211 EAST CHURCH STREET

City

MORRILLTON

State

AR

Zip Code

72110-3419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DBH MANAGEMENTOccupation  
CONSULTANT

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2012

Transaction ID : SA11.1597

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**[MEMO ITEM]**

Partner Allocation of Contribution from DBH Management

Full Name (Last, First, Middle Initial)

**DR. DAVID A. HAYS**

Mailing Address 18 FARNHAM LOOP

City

LITTLE ROCK

State

AR

Zip Code

72223-9199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RADIOLOGY CONSULTANTSOccupation  
PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		22		2012

Transaction ID : SA11.6227

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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:

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>PAT HENDERSON</b>		<b>Date of Receipt</b> <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		30		2012
M M M	/	D D D	/	Y Y Y Y Y Y									
09		30		2012									
<b>Mailing Address</b> 160 SLATEY FORD ROAD		<b>Transaction ID : SA11.7458</b>											
<b>City</b> GREENBRIER	<b>State</b> AR	<b>Zip Code</b> 72058-9514	<b>Amount of Each Receipt this Period</b> <table border="1"> <tr> <td colspan="4"></td> <td>25.00</td> </tr> <tr> <td colspan="5">CONTRIBUTION</td> </tr> </table>					25.00	CONTRIBUTION				
				25.00									
CONTRIBUTION													
<b>FEC ID number of contributing federal political committee.</b> C		<b>Occupation</b> RETIRED											
<b>Name of Employer</b> RETIRED	<b>Election Cycle-to-Date</b> <table border="1"> <tr> <td colspan="4"></td> <td>0.00</td> </tr> </table>						0.00						
				0.00									
<b>Receipt For: 2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)													
<b>B. Full Name (Last, First, Middle Initial)</b> <b>STEVE A. HENSON</b>		<b>Date of Receipt</b> <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>12</td> <td></td> <td>2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		12		2012
M M M	/	D D D	/	Y Y Y Y Y Y									
09		12		2012									
<b>Mailing Address</b> PO BOX 6834		<b>Transaction ID : SA11.6366</b>											
<b>City</b> SHERWOOD	<b>State</b> AR	<b>Zip Code</b> 72124-6834	<b>Amount of Each Receipt this Period</b> <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> <tr> <td colspan="5">CONTRIBUTION</td> </tr> </table>					250.00	CONTRIBUTION				
				250.00									
CONTRIBUTION													
<b>FEC ID number of contributing federal political committee.</b> C		<b>Occupation</b> PILOT											
<b>Name of Employer</b> DELTA AIRLINES	<b>Election Cycle-to-Date</b> <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table>						250.00						
				250.00									
<b>Receipt For: 2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)													
<b>C. Full Name (Last, First, Middle Initial)</b> <b>MARK A. HICKMAN</b>		<b>Date of Receipt</b> <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		24		2012
M M M	/	D D D	/	Y Y Y Y Y Y									
09		24		2012									
<b>Mailing Address</b> 2906 NORMANDY PLACE		<b>Transaction ID : SA11.6449</b>											
<b>City</b> TUSCALOOSA	<b>State</b> AL	<b>Zip Code</b> 35406-3401	<b>Amount of Each Receipt this Period</b> <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> <tr> <td colspan="5">CONTRIBUTION</td> </tr> </table>					1000.00	CONTRIBUTION				
				1000.00									
CONTRIBUTION													
<b>FEC ID number of contributing federal political committee.</b> C		<b>Occupation</b> PRESIDENT											
<b>Name of Employer</b> PECO FOODS, INC.	<b>Election Cycle-to-Date</b> <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table>						1000.00						
				1000.00									
<b>Receipt For: 2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)													
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		<table border="1"> <tr> <td colspan="4"></td> <td>1275.00</td> </tr> </table>						1275.00					
				1275.00									
<b>TOTAL This Period (last page this line number only)</b> .....		<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>											

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**FRASER HUMPHREYS III**

Mailing Address 1171 OAK RIVER ROAD

City

MEMPHIS

State

TN

Zip Code

38120-3318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRYCE CORPORATIONOccupation  
EXECUTIVE

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : SA11.6472

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. BRYAN JENNINGS**

Mailing Address 5812 WESTMINSTER

City

BENTON

State

AR

Zip Code

72019-6888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : SA11.6228

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. DALE E. JOHNSTON**

Mailing Address 33 WOODBERRY ROAD

City

LITTLE ROCK

State

AR

Zip Code

72212-2743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RADIOLOGIST

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : SA11.6243

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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:

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DR. WHITFIELD L. KNAPPLE**

Mailing Address 4703 CRESTWOOD DRIVE

City	State	Zip Code
LITTLE ROCK	AR	72207-5435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

Transaction ID : SA11.6386

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID A. KNIGHT**

Mailing Address 3 WEST PALISADES DRIVE

City	State	Zip Code
LITTLE ROCK	AR	72207-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEPHENS, INC.Occupation  
ATTORNEY

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : SA11.6484

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BENNY M. KOONTZ**

Mailing Address 107 CEDAR CREST

City	State	Zip Code
MORRILTON	AR	72110-4301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KOONTZ ELECTRIC CO.Occupation  
PRESIDENT

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.6527

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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

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

4000.00

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

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

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PAGE 31 OF 163

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**PAULA KOONTZ**

Mailing Address 107 CEDAR CREST

City

MORRILTON

State

AR

Zip Code

72110-4301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.6533

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**KARL R. KULLANDER**

Mailing Address 6609 PLEASANT PLACE

City

LITTLE ROCK

State

AR

Zip Code

72205-2868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6344

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. DON KUSENBERGER**

Mailing Address 57 CHENAL CIRCLE

City

LITTLE ROCK

State

AR

Zip Code

72223-9567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : SA11.6225

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

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

3500.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DR. ROBERT W. LAAKMAN**

Mailing Address **14 ST. ANDREWS**

City	State	Zip Code
LITTLE ROCK	AR	72212-2909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**DOCTOR**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

**08** / **22** / **2012**

**Transaction ID : SA11.6229**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILEY L. LAWSON**

Mailing Address **PO BOX 162**

City	State	Zip Code
ROE	AR	72134-0162

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE SALES**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

**09** / **10** / **2012**

**Transaction ID : SA11.6319**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AARON E. LAZENBY**

Mailing Address **20 CHENAL CIRCLE**

City	State	Zip Code
LITTLE ROCK	AR	72223-9566

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STUDENT**

Occupation  
**STUDENT**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

**09** / **25** / **2012**

**Transaction ID : SA11.6467**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

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

950.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**CAROLYN JO LAZENBY****A.**

Mailing Address 201 DOOLEY ROAD

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116-9209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LITTLE ROCK PROPERTIES

Occupation

LEASING MANAGEMENT

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6296

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**HARRY LEGGETT****B.**Mailing Address 6701 W. 12TH STREET  
SUITE 7

City

LITTLE ROCK

State

AR

Zip Code

72204-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2012

Transaction ID : SA11.6157

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SHERMAN LEWIS****C.**

Mailing Address 9722 West Markham

City

Little Rock

State

AR

Zip Code

72205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REQUESTED USING BEST EFFORTS

Occupation

REQUESTED USING BEST EFFORTS

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2012

Transaction ID : SB.64

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

1100.00

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

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

 Use separate schedule(s)  
 for each category of the  
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(check only one)

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

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 NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**JOHN LINDSEY**

Mailing Address 5321 CENTERWOOD ROAD

City

LITTLE ROCK

State

AR

Zip Code

72207-5303

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

SALES

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2012

Transaction ID : SA11.6176

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FRANK LYON JR.**

Mailing Address P.O. BOX 5308

City

NORTH LITTLE ROCK

State

AR

Zip Code

72119-5308

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Transaction ID : SA11.6263

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GEORGE A. MAKRIS JR.**

Mailing Address 2111 BEECHWOOD STREET

City

LITTLE ROCK

State

AR

Zip Code

72207-2021

FEC ID number of contributing federal political committee.

C

Name of Employer

M.K. DISTRIBUTION INC

Occupation

PRESIDENT

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : SA11.6482

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

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

3750.00

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

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

FOR LINE NUMBER:

PAGE 35 OF 163

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**JASON D. MANN**

Mailing Address 31 BAYONNE DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72223-9167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USABLE LIFE

Occupation

INSURANCE EXECUTIVE

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2012

Transaction ID : SA11.6189

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DANI MARTIN**Mailing Address 601 NAPA VALLEY ROAD  
#115

City

LITTLE ROCK

State

AR

Zip Code

72211-2359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARKANSAS RICE DEPOT

Occupation

DIRECTOR OF DEVELOPMENT

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2012

Transaction ID : SA11.6178

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DANI MARTIN**Mailing Address 601 NAPA VALLEY ROAD  
#115

City

LITTLE ROCK

State

AR

Zip Code

72211-2359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARKANSAS RICE DEPOT

Occupation

DIRECTOR OF DEVELOPMENT

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.6516

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

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

600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID F. MARTIN**

Mailing Address **446 VALLEY CLUB CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72212-3439**

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

Name of Employer **MARTIN WILBOURN PARTNERS** Occupation **COMMUNICATIONS EXECUTIVE**

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

**Transaction ID : SA11.6501**

Amount of Each Receipt this Period

<b>500.00</b>
---------------

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN MAUS III**

Mailing Address **1 COUNTRY CLUB LANE**

City **MORRILTON** State **AR** Zip Code **72110**

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

Name of Employer **MAUS IMPLEMENT COMPANY, INC.** Occupation **OWNER**

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**456.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

**Transaction ID : SA11.6546**

Amount of Each Receipt this Period

<b>456.00</b>
---------------

CONTRIBUTION - IN KIND - MEALS

**C.** Full Name (Last, First, Middle Initial)  
**DANNY W. MAY**

Mailing Address **6508 WESTMINSTER**

City **BENTON** State **AR** Zip Code **72019-6689**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2012

**Transaction ID : SA11.6197**

Amount of Each Receipt this Period

<b>2000.00</b>
----------------

CONTRIBUTION

<b>2956.00</b>
----------------

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

PAGE 37 OF 163

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**CHARLES MAZANDER**

Mailing Address P.O. BOX 945

City  
**BENTON**

State  
**AR**

Zip Code  
**72018-0945**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MAZANDER ENGINEERING**

Occupation  
**ENGINEER/OWNER**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**09 / 20 / 2012**

Transaction ID : SA11.6422

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SCOTT MCGEORGE**

Mailing Address P.O. BOX 7008

City  
**PINE BLUFF**

State  
**AR**

Zip Code  
**71611-7008**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PINE BLUFF SAND & GRAVEL, INC.**

Occupation  
**PRESIDENT**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**2500.00**

Date of Receipt

**09 / 10 / 2012**

Transaction ID : SA11.6332

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**STEVEN G. MCKNIGHT**

Mailing Address 7000 FALLS REACH DRIVE  
 #211

City  
**FALLS CHURCH**

State  
**VA**

Zip Code  
**22043-2334**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CASSIDY & ASSOCIATES, INC.**

Occupation  
**SENIOR VP & COUNSEL**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

**08 / 21 / 2012**

Transaction ID : SA11.6199

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

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

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

**3750.00**

**3750.00**

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**MICHAEL T. MCSHERRY**

Mailing Address 6247 AUBURN LEAF LANE

City

ALEXANDRIA

State

VA

Zip Code

22312-3909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MERCURY PUBLIC AFFAIRS

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : SA11.6473

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. KATHLEEN SITARIK MERCER**

Mailing Address 26 SOLOGNE CIRCLE

City

LITTLE ROCK

State

AR

Zip Code

72223-8914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RADIOLOGIST

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : SA11.6237

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DWAYNE MILLER**

Mailing Address 14130 IRONTON ROAD

City

LITTLE ROCK

State

AR

Zip Code

72206-5768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VINCENNES UNIVERSITY

Occupation

COLLEGE PROFESSOR

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Transaction ID : SA11.6395

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

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

1250.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ALAN W. MURPHY</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		24		2012
M M M	/	D D D	/	Y Y Y Y Y Y									
09		24		2012									
Mailing Address <b>400 TRAVIS STREET</b> <b>SUITE 1910</b>		<b>Transaction ID : SA11.6447</b>											
City <b>SHREVEPORT</b>	State <b>LA</b>	Zip Code <b>71101-3145</b>											
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>		1000.00									
1000.00													
Name of Employer <b>MURCO OIL &amp; GAS, LLC</b>	Occupation <b>CO-OWNER</b>												
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>			1000.00									
1000.00													
<b>B.</b> Full Name (Last, First, Middle Initial) <b>THOMAS H. MURPHY</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		24		2012
M M M	/	D D D	/	Y Y Y Y Y Y									
09		24		2012									
Mailing Address <b>400 TRAVIS STREET</b> <b>SUITE 1910</b>		<b>Transaction ID : SA11.6446</b>											
City <b>SHREVEPORT</b>	State <b>LA</b>	Zip Code <b>71101-3145</b>											
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>		1000.00									
1000.00													
Name of Employer <b>MURCO OIL &amp; GAS, LLP</b>	Occupation <b>PRESIDENT</b>												
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>			1000.00									
1000.00													
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DR. BALAGOPALAN A. NAIR</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		30		2012
M M M	/	D D D	/	Y Y Y Y Y Y									
09		30		2012									
Mailing Address <b>37 SOLOGNE CIRCLE</b>		<b>Transaction ID : SA11.6537</b>											
City <b>LITTLE ROCK</b>	State <b>AR</b>	Zip Code <b>72223-8913</b>											
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>		1000.00									
1000.00													
Name of Employer <b>CARTI</b>	Occupation <b>PHYSICIAN</b>												
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>			1000.00									
1000.00													
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5">3000.00</td> </tr> </table>		3000.00									
3000.00													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> </tr> </table>											

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DR. GEORGE A. NORTON**

Mailing Address **1 LONGFELLOW SQUARE**

City State Zip Code  
**LITTLE ROCK AR 72207-3725**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**SELF-EMPLOYED**Occupation  
**RADIOLOGIST**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	D D	Y Y Y Y
08	22	2012

**Transaction ID : SA11.6242**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BERNARD T. NUGENT**

Mailing Address **64 RESPLANDOR WAY**

City State Zip Code  
**HOT SPRINGS VILLAGE AR 71909-7717**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**RETIRED**Occupation  
**RETIRED**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	D D	Y Y Y Y
08	30	2012

**Transaction ID : SA11.6260**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE R. O'CONNOR**

Mailing Address **10 W. PALISADES DRIVE**

City State Zip Code  
**LITTLE ROCK AR 72207-1854**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**THREE LAKES DISTRIBUTORS**Occupation  
**PRESIDENT**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	D D	Y Y Y Y
09	30	2012

**Transaction ID : SA11.6520**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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

2950.00



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

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

FOR LINE NUMBER:

PAGE 41 OF 163

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**BERT PARKER**

Mailing Address 21 RIVER RIDGE ROAD

City

LITTLE ROCK

State

AR

Zip Code

72227-1517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GARVER ENGINEERS, LLC

Occupation

SVP &amp; CEO

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6341

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DAVID L. PARKER**

Mailing Address 1700 N. SHACKLEFORD

City

LITTLE ROCK

State

AR

Zip Code

72212-4012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARKER AUTO GROUP

Occupation

OWNER

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

Transaction ID : SA11.6371

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NANCY PERRY**

Mailing Address 12540 RIVERCREST DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72212-1462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PSYCHOLOGICAL EXAMINER

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.1534

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

2050.00

TOTAL 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:

PAGE 42 OF 163

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**TONI D PHILLIPS**

Mailing Address 53 MURILLO WAY

City

HOT SPRINGS

State

AR

Zip Code

71909-5518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.6999

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. ROBERT E. POWERS**

Mailing Address PO BOX 7288

City

LITTLE ROCK

State

AR

Zip Code

72217-7288

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2012

Transaction ID : SA11.6256

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. JOHN R. PRINCE**

Mailing Address PO BOX 252

City

DEVALLS BLUFF

State

AR

Zip Code

72041-0252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : SA11.6480

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1275.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

A. Full Name (Last, First, Middle Initial)  
**DR. THOMAS K. RAO**

Mailing Address **112 VIGNE DRIVE**

City State Zip Code  
**LITTLE ROCK AR 72223-4581**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ILS GENOMICS**

Occupation  
**CHAIRMAN**

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**09 / 30 / 2012**

Transaction ID : **SA11.6552**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**CLINT REED**

Mailing Address **2223 E. LONGHILLS**

City State Zip Code  
**BENTON AR 72019-8602**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**IMPACT MANAGEMENT GROUP**

Occupation  
**EXECUTIVE**

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**07 / 23 / 2012**

Transaction ID : **SA11.6186**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**JOHN R. REYNOLDS**

Mailing Address **PO BOX 457**

City State Zip Code  
**CAMDEN AR 71711-0457**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DAN REYNOLDS CO.**

Occupation  
**INDEPENDENT PRODUCER**

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**09 / 12 / 2012**

Transaction ID : **SA11.6364**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

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

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

**3000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**BARRY D. RHOADS**

Mailing Address 6793 FATHER JOHN COURT

City

MCLEAN

State

VA

Zip Code

22101-2156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE RHOADS GROUPOccupation  
PRESIDENT

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		21		2012

Transaction ID : SA11.6201

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. KENNETH V. ROBBINS**

Mailing Address 4 SAVERNE CIRCLE

City

LITTLE ROCK

State

AR

Zip Code

72223-9225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RADIOLOGIST

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		22		2012

Transaction ID : SA11.6235

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ALLAN ROBERTS**

Mailing Address 1215 REBSAMEN PARK ROAD

City

LITTLE ROCK

State

AR

Zip Code

72202-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R-G VENTURES, LLCOccupation  
Partner

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		23		2012

Transaction ID : SA11.6167

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**[MEMO ITEM]**

Allocation of partnership contribution from R-G Ventures, LLC

**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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ALLAN ROBERTS</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>13</td> <td></td> <td>2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		13		2012
M M M	/	D D D	/	Y Y Y Y Y Y										
09		13		2012										
Mailing Address 1215 REBSAMEN PARK ROAD			<b>Transaction ID : SA11.6403</b>											
City	State	Zip Code												
LITTLE ROCK	AR	72202-1819												
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">250.00</td> </tr> </table>		250.00									
250.00														
Name of Employer R-G VENTURES, LLC		Occupation Partner	CONTRIBUTION											
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>			500.00									
500.00														
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DAVID A. ROBINSON</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>12</td> <td></td> <td>2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		12		2012
M M M	/	D D D	/	Y Y Y Y Y Y										
09		12		2012										
Mailing Address 7 CHERRY CREEK CV			<b>Transaction ID : SA11.6376</b>											
City	State	Zip Code												
LITTLE ROCK	AR	72212-2005												
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>		500.00									
500.00														
Name of Employer FLAKE & KELLEY COMMERCIAL		Occupation REAL ESTATE	CONTRIBUTION											
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>			500.00									
500.00														
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DR. CARLOS ROMAN</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>23</td> <td></td> <td>2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	07		23		2012
M M M	/	D D D	/	Y Y Y Y Y Y										
07		23		2012										
Mailing Address 58 HALLEN COURT			<b>Transaction ID : SA11.6156</b>											
City	State	Zip Code												
LITTLE ROCK	AR	72223-5092												
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2000.00</td> </tr> </table>		2000.00									
2000.00														
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	CONTRIBUTION											
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">2000.00</td> </tr> </table>			2000.00									
2000.00														
<b>SUBTOTAL</b> of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5">2500.00</td> </tr> </table>		2500.00									
2500.00														
<b>TOTAL</b> This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> </tr> </table>											

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LESLIE C. RUTLEDGE**

Mailing Address **401 HOLLAND LANE**  
**#1116**

City **ALEXANDRIA** State **VA** Zip Code **22314-3443**

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

Name of Employer **REPUBLICAN NATIONAL COMMITTEE** Occupation **ASSOCIATE COUNSEL**

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**325.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		05		2012

**Transaction ID : SA11.6277**

Amount of Each Receipt this Period

**325.00****CONTRIBUTION - IN-KIND - PARKING**

**B.** Full Name (Last, First, Middle Initial)  
**LOUIS E. SCHICKEL**

Mailing Address **11601 PLEASANT RIDGE ROAD**  
**SUITE 300**

City **LITTLE ROCK** State **AR** Zip Code **72212-2241**

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

Name of Employer **SCHICKEL DEVELOPMENT** Occupation **OWNER**

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		25		2012

**Transaction ID : SA11.6476**

Amount of Each Receipt this Period

**500.00****CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MATTHEW A. SCHLAPP**

Mailing Address **3812 WASHINGTON WOODS DRIVE**

City **ALEXANDRIA** State **VA** Zip Code **22309-2734**

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

Name of Employer **COVE STRATEGIES** Occupation **PRINCIPAL**

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		30		2012

**Transaction ID : SA11.6262**

Amount of Each Receipt this Period

**1000.00****CONTRIBUTION****SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**1825.00**

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**PATRICK T. SCHUECK**

Mailing Address 95 ROBINWOOD

City

LITTLE ROCK

State

AR

Zip Code

72227-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEXICON, INC.

Occupation

VICE PRESIDENT

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		30		2012

Transaction ID : SA11.6266

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. RAJESH SETHI**Mailing Address 521 PRESIDENT CLINTON AVE.  
APT. 1402

City

LITTLE ROCK

State

AR

Zip Code

72201-1784

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RADIOLOGIST

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		22		2012

Transaction ID : SA11.6246

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MICHAEL SHELLEY**

Mailing Address 34 ALBA LANE

City

LITTLE ROCK

State

AR

Zip Code

72223-5161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US BANK

Occupation

EXECUTIVE

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2012

Transaction ID : SA11.6543

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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:

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(check only one)

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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**DWAYNE SHELTON**

Mailing Address P.O. BOX 7586

City

LITTLE ROCK

State

AR

Zip Code

72217-7586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Risk Services of Arkansas

Occupation

Vice President

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6336

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TODD SIMMONS**

Mailing Address 110 S. COLLEGE ST.

City

SILOAM SPRINGS

State

AR

Zip Code

72761-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIMMONS FOODS

Occupation

CHIEF OPERATION OFFICER

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2012

Transaction ID : SA11.6448

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ADDISON H. SMITH**Mailing Address 2300 19TH STREET, NW  
APT. 6

City

WASHINGTON

State

DC

Zip Code

20009-1465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPHERE CONSULTING

Occupation

PUBLIC AFFAIRS

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2012

Transaction ID : SA11.6454

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**DR. AARON M. SPANN**

Mailing Address 11 LATOUR

City

LITTLE ROCK

State

AR

Zip Code

72223-8905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RADIOLOGIST

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		22		2012

Transaction ID : SA11.6245

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOHN SPRAY**

Mailing Address 616 Saint Michael Place

City

Little Rock

State

AR

Zip Code

72211-5562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas Dept. Of Health

Occupation

Periodontist

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2012

Transaction ID : sa11.9865

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**DR. JOHN R. SPRAY**

Mailing Address 616 SAINT MICHAEL PLACE

City

LITTLE ROCK

State

AR

Zip Code

72211-5562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARKANSAS DEPT. OF HEALTH

Occupation

PERIODONTIST

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		13		2012

Transaction ID : SA11.6392

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

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

350.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**BETTY JANE STRONG**

Mailing Address 6811 BRINKLEY ROAD

City

PINE BLUFF

State

AR

Zip Code

71603-8618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE STRONG COMPANY, INC.

Occupation

PERSONAL ASSISTANT

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2012

Transaction ID : SA11.6206

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**BOB D. TASLER**

Mailing Address P. O. BOX 1248

City

CABOT

State

AR

Zip Code

72023-1248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

DEVELOPER/HOME BUILDER

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

Transaction ID : SA11.6267

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**LARRY TATE**

Mailing Address 5425 RIDGEFIELD LANE

City

LITTLE ROCK

State

AR

Zip Code

72223-9728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FIRST BAPTIST CHURCH OF LITTLE ROCK

Occupation

BUSINESS MANAGER

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

Transaction ID : SA11.6271

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

750.00

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**BARBARA THALHEIMER**

Mailing Address 73 ROBINWOOD DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72227-2223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Transaction ID : SA11.6443

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DENISE THOMAS**

Mailing Address 12 STERNWHEEL DRIVE

City

CONWAY

State

AR

Zip Code

72034-9391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6326

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DONALD D. THOMAS**

Mailing Address 12 STERNWHEEL DRIVE

City

CONWAY

State

AR

Zip Code

72034-9391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6325

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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

6000.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES THOMAS**  
 Mailing Address 19 RIVER RIDGE CIRCLE

City State Zip Code  
 LITTLE ROCK AR 72227-1523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 PHYSICIAN

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 30 2012

Transaction ID : SA11.6551

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TERRI D. THOMPSON**  
 Mailing Address 721 COLONIAL DRIVE

City State Zip Code  
 BRYANT AR 72022-7041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 THOMPSON ELECTRIC

Occupation  
 PRESIDENT

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 10 2012

Transaction ID : SA11.6329

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**VAN TILBURY**  
 Mailing Address 1411 MELLON STREET

City State Zip Code  
 LITTLE ROCK AR 72207-6149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 EAST-HARDING CONSTRUCTION

Occupation  
 PRESIDENT, LEED AP

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 10 2012

Transaction ID : SA11.6338

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

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

2500.00

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

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for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DR. SHANNON R. TURNER**  
 Mailing Address 40 BELLEGARDE DRIVE

City State Zip Code  
 LITTLE ROCK AR 72223-9185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RADIOLOGY ASSOCIATES

Occupation  
 RADIOLOGIST

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 08 22 2012

Transaction ID : SA11.6231

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT A. VIRTUE**  
 Mailing Address 4 MAVERICK LANE

City State Zip Code  
 ROLLING HILLS CA 90274-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 VIRCO MFG CORP

Occupation  
 EXECUTIVE

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 30 2012

Transaction ID : SA11.6495

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GUS M. VRATSINAS**  
 Mailing Address 69 PINEHURST CIRCLE

City State Zip Code  
 LITTLE ROCK AR 72212-3432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 VRATSINAS ENTERPRISES, LLC

Occupation  
 EXECUTIVE

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 13 2012

Transaction ID : SA11.6393

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

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

2500.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**DOUG WASSON**

Mailing Address 14017 LONGTREE DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72212-1959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KINCO CONSTRUCTORS LLC

Occupation

OWNER

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6331

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DONALD LEE WEAVER**

Mailing Address 450 HANNAH DRIVE

City

CONWAY

State

AR

Zip Code

72034-7265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEAVER-BAILEY CONTRACTORS, INC.

Occupation

VICE PRESIDENT

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6333

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TAYLOR C. WEST**

Mailing Address 920 CENTER STREET

City

CONWAY

State

AR

Zip Code

72034-5249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STUDENT

Occupation

STUDENT

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

Transaction ID : SA11.6287

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

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

1250.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

A. Full Name (Last, First, Middle Initial)  
**CHARLES B. WHITESIDE III**

Mailing Address 2905 NORTH FILMORE

City	State	Zip Code
LITTLE ROCK	AR	72207-2812

FEC ID number of contributing federal political committee.

C

Name of Employer  
**MERRILL LYNCH**

Occupation  
**FINANCIAL CONSULTANT**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2012

Transaction ID : SA11.6441

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**JIM WHITE**

Mailing Address P.O. BOX 1788

City	State	Zip Code
NORTH LITTLE ROCK	AR	72115-1788

FEC ID number of contributing federal political committee.

C

Name of Employer  
**COULSON OIL COMPANY**

Occupation  
**CHAIRMAN**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2012

Transaction ID : SA11.6401

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**MARK WHITE**

Mailing Address 71 VIGNE BLVD

City	State	Zip Code
LITTLE ROCK	AR	72223-4582

FEC ID number of contributing federal political committee.

C

Name of Employer  
**ARKANSAS BLUE CROSS & BLUE SHIELD**

Occupation  
**EXECUTIVE**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2012

Transaction ID : SA11.6399

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

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

2500.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**RANDY WILBOURN**

Mailing Address 100 MORGAN KEEGAN DRIVE  
 SUITE 305

City	State	Zip Code
LITTLE ROCK	AR	72202-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MARTIN-WILBOURN PARTNERS

Occupation  
 CHAIRMAN

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : SA11.6493

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DANIEL H. WILLIAMS**

Mailing Address 3 WITRY COURT

City	State	Zip Code
LITTLE ROCK	AR	72223-9176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GARVER ENGINEERS

Occupation  
 PRESIDENT

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11.6335

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DOYLE WRIGHT**

Mailing Address 2804 JANET

City	State	Zip Code
BENTON	AR	72015-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 WRIGHT PRODUCE, LLC

Occupation  
 OWNER

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Transaction ID : SA11.6431

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**[MEMO ITEM]**

Allocation of partnership contribution from Wright  
Produce, LLC

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**D.B.H. MANAGEMENT CONSULTANTS**

Mailing Address 211 EAST CHURCH STREET

City	State	Zip Code
MORRILTON	AR	72110-3419

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11.6506

Amount of Each Receipt this Period

500.00

See Memos for Partner Allocations

**B.** Full Name (Last, First, Middle Initial)  
**R-G JOINT VENTURES, LLC**

Mailing Address 1215 REBSAMEN PARK ROAD

City	State	Zip Code
LITTLE ROCK	AR	72202

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 23 / 2012

Transaction ID : SA11.1234

Amount of Each Receipt this Period

500.00

See Memos for Partner Allocations

**C.** Full Name (Last, First, Middle Initial)  
**R-G JOINT VENTURES, LLC**

Mailing Address 1215 REBSAMEN PARK ROAD

City	State	Zip Code
LITTLE ROCK	AR	72202

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2012

Transaction ID : SA11.2345

Amount of Each Receipt this Period

500.00

See Memos for Partner Allocations

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**Full Name (Last, First, Middle Initial)  
**WRIGHT PRODUCE, LLC**

Mailing Address 2804 JANET

City	State	Zip Code
BENTON	AR	72015-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.3456

Amount of Each Receipt this Period

100.00

See Memos for Partner Allocations

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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

100.00

118416.00

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

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**ABBOTT LABORATORIES EMPLOYEE PAC**

Mailing Address 100 ABBOTT PARK ROAD

City State Zip Code  
ABBOTT PARK IL 60064-3502

FEC ID number of contributing  
federal political committee.

**C** C00040279

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 20 2012

Transaction ID : SA11.6418

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ACCENTURE PAC**

Mailing Address 800 CONNECTICUT AVENUE, NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20006-2716

FEC ID number of contributing  
federal political committee.

**C** C00300707

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 24 2012

Transaction ID : SA11.6461

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ACTION COMMITTEE FOR RURAL ELECTRIFICATION**

Mailing Address 4301 WILSON BLVD

City State Zip Code  
ARLINGTON VA 22203-1867

FEC ID number of contributing  
federal political committee.

**C** C00002972

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 21 2012

Transaction ID : SA11.6220

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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

4500.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

<b>A. AGC PAC</b> Full Name (Last, First, Middle Initial) <b>AGC PAC</b> Mailing Address <b>2300 WILSON BLVD</b> <b>SUITE 400</b> City <b>ARLINGTON</b> State <b>VA</b> Zip Code <b>22201-5426</b> FEC ID number of contributing federal political committee. <b>C C00082917</b> Name of Employer _____ Occupation _____ Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Election Cycle-to-Date <b>1000.00</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>09 / 10 / 2012</b> <b>Transaction ID : SA11.6334</b> Amount of Each Receipt this Period <b>1000.00</b> CONTRIBUTION
<b>B. AICPA PAC</b> Full Name (Last, First, Middle Initial) <b>AICPA PAC</b> Mailing Address <b>PALLADIAN CORPORATE CENTER I</b> <b>220 LEIGH FARM ROAD</b> City <b>DURHAM</b> State <b>NC</b> Zip Code <b>27707-8110</b> FEC ID number of contributing federal political committee. <b>C C00077321</b> Name of Employer _____ Occupation _____ Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Election Cycle-to-Date <b>2000.00</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>09 / 24 / 2012</b> <b>Transaction ID : SA11.6464</b> Amount of Each Receipt this Period <b>2000.00</b> CONTRIBUTION
<b>C. AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS PAC</b> Full Name (Last, First, Middle Initial) <b>AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS PAC</b> Mailing Address <b>1100 EAST WOODFIELD ROAD</b> <b>SUITE 520</b> City <b>SCHAUMBURG</b> State <b>IL</b> Zip Code <b>60173-5125</b> FEC ID number of contributing federal political committee. <b>C C00273003</b> Name of Employer _____ Occupation _____ Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Election Cycle-to-Date <b>1500.00</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>08 / 24 / 2012</b> <b>Transaction ID : SA11.6257</b> Amount of Each Receipt this Period <b>1500.00</b> CONTRIBUTION
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... <b>TOTAL</b> This Period (last page this line number only) .....		<b>4500.00</b> CONTRIBUTION

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION**

Mailing Address 1120 CONNECTICUT AVE, NW

City	State	Zip Code
WASHINGTON	DC	20036-3905

FEC ID number of contributing federal political committee.

**C** C00004275

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

8000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11.6469

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN COUNCIL OF ENGINEERING COMPANIES**

Mailing Address 1015 15TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005-2605

FEC ID number of contributing federal political committee.

**C** C00010868

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 23 / 2012

Transaction ID : SA11.6182

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION PAC**

Mailing Address 1891 PRESTON WHITE DRIVE

City	State	Zip Code
RESTON	VA	20191-4326

FEC ID number of contributing federal political committee.

**C** C00343459

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 22 / 2012

Transaction ID : SA11.6226

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

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

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

9000.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

A. Full Name (Last, First, Middle Initial)  
**AMERICAN COUNCIL OF ENGINEERING COMPANIES**

Mailing Address 1015 15TH STREET, NW

City State Zip Code  
WASHINGTON DC 20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2012

Transaction ID : SA11.6496

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**AMERICAN INTELLECTUAL PROPERTY LAW ASSOCIATION**

Mailing Address 241 18TH ST. SOUTH  
SUITE #700

City State Zip Code  
ARLINGTON VA 22202-3419

FEC ID number of contributing federal political committee. **C** C00156935

Name of Employer Occupation

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 23 2012

Transaction ID : SA11.6192

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**ARKANSAS FOR LEADERSHIP PAC**

Mailing Address PO BOX 1672

City State Zip Code  
ALEXANDRIA VA 22313-1672

FEC ID number of contributing federal political committee. **C** C00413948

Name of Employer Occupation

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2012

Transaction ID : SA11.6532

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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

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

4500.00

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

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for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

A. Full Name (Last, First, Middle Initial)  
**ARVEST BANK GROUP, INC. PAC**

Mailing Address **PO BOX 799**

City State Zip Code  
**LOWELL AR 72745-0799**

FEC ID number of contributing  
federal political committee.

**C** **C00336768**

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**5000.00**

Date of Receipt

**09 / 20 / 2012**

**Transaction ID : SA11.6442**

Amount of Each Receipt this Period

**5000.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**ATLANTIC TELE-NETWORK, INC. PAC**

Mailing Address **600 CUMMINGS CENTER  
SUITE 268Z**

City State Zip Code  
**BEVERLY MA 01915-6166**

FEC ID number of contributing  
federal political committee.

**C** **C00494526**

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**07 / 23 / 2012**

**Transaction ID : SA11.6173**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**BANCORPSOUTH BANK PAC**

Mailing Address **P.O. BOX 789**

City State Zip Code  
**TUPELO MS 38802-0789**

FEC ID number of contributing  
federal political committee.

**C** **C00183962**

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**2000.00**

Date of Receipt

**09 / 30 / 2012**

**Transaction ID : SA11.6503**

Amount of Each Receipt this Period

**2000.00**

CONTRIBUTION

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

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

**8000.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

A. Full Name (Last, First, Middle Initial)  
**CARDINAL HEALTH, INC. PAC**

Mailing Address **7000 CARDINAL PLACE**

City State Zip Code  
**DUBLIN OH 43017-1091**

FEC ID number of contributing federal political committee. **C C00332833**

Name of Employer Occupation

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : SA11.6530

Amount of Each Receipt this Period

2500.00
---------

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT**

Mailing Address **P.O. DRAWER 1734**

City State Zip Code  
**ATLANTA GA 30301-1734**

FEC ID number of contributing federal political committee. **C C00012468**

Name of Employer Occupation

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : SA11.6483

Amount of Each Receipt this Period

500.00
--------

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**CTIA - THE WIRELESS ASSOCIATIO**

Mailing Address **1400 16TH STREET, NW**  
**SUITE 600**

City State Zip Code  
**WASHINGTON DC 20036-2225**

FEC ID number of contributing federal political committee. **C C00262295**

Name of Employer Occupation

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2012

Transaction ID : SA11.6207

Amount of Each Receipt this Period

1000.00
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CONTRIBUTION

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

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

4000.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)  
**DELOITTE FEDERAL PAC**

Mailing Address P.O. BOX 365

City State Zip Code  
WASHINGTON DC 20044-0365

FEC ID number of contributing  
federal political committee.

**C** C00211318

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

8000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 21 2012

Transaction ID : SA11.6200

Amount of Each Receipt this Period

1000.00

EXCESS CONTRIBUTION REFUNDED ON 10/25/2012

Full Name (Last, First, Middle Initial)  
**DELOITTE FEDERAL PAC**

Mailing Address P.O. BOX 365

City State Zip Code  
WASHINGTON DC 20044-0365

FEC ID number of contributing  
federal political committee.

**C** C00211318

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

8000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 28 2012

Transaction ID : SA11.6478

Amount of Each Receipt this Period

2000.00

EXCESS CONTRIBUTION REFUNDED ON 10/25/2012

Full Name (Last, First, Middle Initial)  
**DUANE MORRIS GOVERNMENT COMMITTEE PAC**

Mailing Address 30 S. 17TH STREET

City State Zip Code  
PHILADELPHIA PA 19103-4016

FEC ID number of contributing  
federal political committee.

**C** C00364133

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2012

Transaction ID : SA11.6526

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

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

4000.00

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

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

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(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**EMPLOYEES OF NORTHROP GRUMMAN PAC**

**A.**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22042-4511

FEC ID number of contributing  
federal political committee.

**C** C00088591

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 21 2012

**Transaction ID : SA11.6205**

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ERNST & YOUNG PAC**

**B.**

Mailing Address 1101 NEW YORK AVENUE, NW

City

WASHINGTON

State

DC

Zip Code

20005-4269

FEC ID number of contributing  
federal political committee.

**C** C00227744

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2012

**Transaction ID : SA11.6534**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GENERAL ELECTRIC PAC**

**C.**

Mailing Address 1299 PENNSYLVANIA AVE., NW

City

WASHINGTON

State

DC

Zip Code

20004-2400

FEC ID number of contributing  
federal political committee.

**C** C00024869

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2012

**Transaction ID : SA11.6528**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

6000.00

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

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

Use separate schedule(s)  
for each category of the  
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

A. Full Name (Last, First, Middle Initial)  
**GEOFF DAVIS CAMPAIGN COMMITTEE**

Mailing Address P.O. BOX 17192

City State Zip Code  
FT. MITCHELL KY 41017-0192

FEC ID number of contributing federal political committee. **C** C00369470

Name of Employer Occupation

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 23 2012

Transaction ID : SA11.6179

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**HAWKER BEECHCRAFT, INC. POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 85

City State Zip Code  
WICHITA KS 67201-0085

FEC ID number of contributing federal political committee. **C** C00434183

Name of Employer Occupation

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 21 2012

Transaction ID : SA11.6203

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**HOT SPRINGS VILLAGE REPUBLICAN WOMEN**

Mailing Address 9 PATRULLA LANE

City State Zip Code  
HOT SPRINGS VILLAGE AR 71909-7328

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

Name of Employer Occupation

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 21 2012

Transaction ID : SA11.6217

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

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

5000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress****A.** Full Name (Last, First, Middle Initial)  
**HUNTINGTON INGALLS INDUSTRIES, INC. PAC**Mailing Address 300 M STREET, SE  
SUITE 350City State Zip Code  
WASHINGTON DC 20003-3436FEC ID number of contributing  
federal political committee.**C** C00325092

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 20 2012**Transaction ID : SA11.6420**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL COUNCIL OF SHOPPING CENTERS, INC. PAC**Mailing Address 555 12TH STREET, NW  
SUITE 660City State Zip Code  
WASHINGTON DC 20004-1241FEC ID number of contributing  
federal political committee.**C** C00217638

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 21 2012**Transaction ID : SA11.6212**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KOCHPAC - KOCH INDUSTRIES, INC. PAC**Mailing Address 600 14TH STREET, NW  
SUITE 800City State Zip Code  
WASHINGTON DC 20005-2099FEC ID number of contributing  
federal political committee.**C** C00236489

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2012**Transaction ID : SA11.9876**

Amount of Each Receipt this Period

1000.00

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

3000.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**KPMG PAC**

Mailing Address PO BOX 18254

City  
WASHINGTONState  
DCZip Code  
20036-8254FEC ID number of contributing  
federal political committee.**C** C00280222

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

Transaction ID : SA11.6413

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**LOCKHEED MARTIN EMPLOYEES' PAC**Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100City  
ARLINGTONState  
VAZip Code  
22202-3706FEC ID number of contributing  
federal political committee.**C** C00303024

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

Transaction ID : SA11.6264

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**LUDPAC**Mailing Address 2025 M STREET, NW  
SUITE 800City  
WASHINGTONState  
DCZip Code  
20036-2422FEC ID number of contributing  
federal political committee.**C** C00039214

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2012

Transaction ID : SA11.6223

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

4000.00

**TOTAL** 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

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(check only one)

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<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**NATIONAL ASSOCIATION OF SURETY BOND PAC**

Mailing Address 1140 19TH STREET, NW  
 SUITE 800

City WASHINGTON	State DC	Zip Code 20036-6607
--------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C** C00300525

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 / 30 / 2012

Transaction ID : SA11.6508

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO	State IL	Zip Code 60611-0000
-----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C** C00030718

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 / 30 / 2012

Transaction ID : SA11.6525

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NFIB SAFE TRUST**

Mailing Address 1201 F STREET, NW  
 SUITE 200

City WASHINGTON	State DC	Zip Code 20004-1221
--------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C** C00101105

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 08 / 21 / 2012

Transaction ID : SA11.6218

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s)  
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<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**ORACLE AMERICA, INC. PAC**

Mailing Address 1015 15TH STREET, NW  
SUITE 200

City WASHINGTON	State DC	Zip Code 20005-2635
--------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C** C00323048

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11.6481

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PRICewaterhouseCOOPERS PAC**

Mailing Address 1301 K STREET, NW  
SUITE 800-WEST

City WASHINGTON	State DC	Zip Code 20005-3317
--------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C** C00107235

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2012

Transaction ID : SA11.6419

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RAYTHEON PAC**

Mailing Address 1100 WILSON BLVD  
STE 15

City ARLINGTON	State VA	Zip Code 22209-2249
-------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C** C00097568

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 21 / 2012

Transaction ID : SA11.6202

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

4000.00

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

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

Use separate schedule(s)  
for each category of the  
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<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>RAYTHEON PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address 1100 WILSON BLVD STE 15		Transaction ID : SA11.6497
City ARLINGTON	State Zip Code VA 22209-2249	
FEC ID number of contributing federal political committee. C C00097568		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>REPUBLICAN WOMEN OF BENTONVILLE PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 23 / 2012
Mailing Address PO BOX 1978		Transaction ID : SA11.6166
City BENTONVILLE	State Zip Code AR 72712-1978	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00	

Full Name (Last, First, Middle Initial) <b>SALINE COUNTY REPUBLICAN COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2012
Mailing Address P.O. BOX 945		Transaction ID : SA11.6210
City BENTON	State Zip Code AR 72018-0945	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	925.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

 Use separate schedule(s)  
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<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**SECOND CONGRESSIONAL DISTRICT REPUBLICAN COMMITTEE**
 Mailing Address 218 GRIGGS STREET  
 SUITE A

City	State	Zip Code
CLINTON	AR	72031-7089

FEC ID number of contributing federal political committee.

C C00453076

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

445.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11.6251

Amount of Each Receipt this Period

445.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**STEM PAC, INC.**
 Mailing Address 4725 N. SCOTTSDALE ROAD  
 SUITE 300

City	State	Zip Code
SCOTTSDALE	AZ	85251-7629

FEC ID number of contributing federal political committee.

C C00514521

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SA11.6522

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**THE ACXIOM CORPORATION ASSOCIATES PAC**

Mailing Address #1 INFORMATION WAY

City	State	Zip Code
LITTLE ROCK	AR	72202-2289

FEC ID number of contributing federal political committee.

C C00350835

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

Transaction ID : SA11.6415

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

3945.00

TOTAL 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)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

A. Full Name (Last, First, Middle Initial)  
**USA RICE FEDERATION PAC**

Mailing Address **2101 WILSON BLVD**  
**SUITE 610**

City State Zip Code  
**ARLINGTON VA 22201-3040**

FEC ID number of contributing  
federal political committee.

**C** **C00308478**

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**08 / 21 / 2012**

**Transaction ID : SA11.6211**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**VAN BUREN COUNTY REPUBLICAN COMMITTEE**

Mailing Address **218 GRIGGS STREET**

City State Zip Code  
**CLINTON AR 72031**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**09 / 30 / 2012**

**Transaction ID : SA11.6535**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**WAL-MART STORES INC PAC**

Mailing Address **702 SW 8TH STREET**

City State Zip Code  
**BENTONVILLE AR 72716-6209**

FEC ID number of contributing  
federal political committee.

**C** **C00093054**

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**2500.00**

Date of Receipt

**08 / 24 / 2012**

**Transaction ID : SA11.6253**

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

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

**4500.00**

**TOTAL** 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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**WAVE PAC****A.**

Mailing Address 201 N CARRTOLLTON AVE.

City

NEW ORLEANS

State

LA

Zip Code

70119-5108

FEC ID number of contributing  
federal political committee.**C** C00496588

Name of Employer

Occupation

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Transaction ID : SA11.6421

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**WHOLESALE BEER DISTRIBUTORS OF ARKANSAS PAC****B.**

Mailing Address P.O. BOX 3477

City

LITTLE ROCK

State

AR

Zip Code

72203-3477

FEC ID number of contributing  
federal political committee.**C** C00266031

Name of Employer

Occupation

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : SA11.6491

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

1500.00

80870.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 163

<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>Tim Griffin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>08 / 29 / 2012</b>
Mailing Address P.O. Box 7526		<b>Transaction ID : SB.58</b>
City Little Rock	State AR	
Zip Code 72217		Amount of Each Receipt this Period 212.00
FEC ID number of contributing federal political committee. C	Reimbursement of Telephone and Travel Expense	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 0.00	

Full Name (Last, First, Middle Initial) <b>Diamond PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>08 / 20 / 2012</b>
Mailing Address P.O. Box 7648		<b>Transaction ID : SB.57</b>
City Little Rock	State AR	
Zip Code 72217		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C	Rent Reimbursement	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 0.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	312.00
<b>TOTAL</b> This Period (last page this line number only).....	312.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Tim Griffin**

Mailing Address P.O. Box 7526

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2012

Amount of Each Disbursement this Period

151.74
--------

Transaction ID : SB.189

**B. Tim Griffin**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 7526

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
Expense Reimbursement - Mileage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2012

Amount of Each Disbursement this Period

264.00
--------

Transaction ID : SB.192

**C. Tim Griffin**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 7526

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
Expense Reimbursement - Mileage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2012

Amount of Each Disbursement this Period

292.00
--------

Transaction ID : SB.199

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

707.74

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Tim Griffin**

Mailing Address P.O. Box 7526

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
Expense Reimbursement - Mileage

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 12 / 2012

Amount of Each Disbursement this Period

89.00
-------

Transaction ID : SB.202

**B. Tim Griffin**

Mailing Address P.O. Box 7526

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
Lodging Expense

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 22 / 2012

Amount of Each Disbursement this Period

247.13
--------

Transaction ID : SB.211

**C. Tim Griffin**

Mailing Address P.O. Box 7526

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
Meals Expense

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 22 / 2012

Amount of Each Disbursement this Period

63.63
-------

Transaction ID : SB.212

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

399.76

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Tim Griffin**

Mailing Address P.O. Box 7526

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
Travel Expense

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 22 / 2012

Amount of Each Disbursement this Period

362.06
--------

Transaction ID : SB.252

**B. K. Ryan James**

Mailing Address P.O. Box 1051

City	State	Zip Code
Little Rock	AR	72203

Purpose of Disbursement  
Consulting - Communications

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:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 24 / 2012

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB.122

**C. K. Ryan James**

Mailing Address P.O. Box 1051

City	State	Zip Code
Little Rock	AR	72203

Purpose of Disbursement  
Consulting - Communications

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 21 / 2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.123

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

3362.06



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. K. Ryan James**

Mailing Address P.O. Box 1051

City	State	Zip Code
Little Rock	AR	72203

Purpose of Disbursement  
Consulting - Communications

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 05 / 2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.124

**B. K. Ryan James**

Mailing Address P.O. Box 1051

City	State	Zip Code
Little Rock	AR	72203

Purpose of Disbursement  
Consulting - Communications

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 25 / 2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.125

**c. Mitchell Lowe**

Mailing Address c/o Tim Griffin for Congress, P.O.

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
Expense Reimbursement - Mileage

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:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 11 / 2012

Amount of Each Disbursement this Period

143.82
--------

Transaction ID : SB.191

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

2143.82

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Mitchell Lowe**

Mailing Address c/o Tim Griffin for Congress, P.O.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2012

City	State	Zip Code
Little Rock	AR	72217

Amount of Each Disbursement this Period

200.94
--------

Purpose of Disbursement  
Expense Reimbursement - MileageCategory/  
Type

Transaction ID : SB.193

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Mitchell Lowe**

Mailing Address c/o Tim Griffin for Congress, P.O.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2012

City	State	Zip Code
Little Rock	AR	72217

Amount of Each Disbursement this Period

84.98
-------

Purpose of Disbursement  
Expense Reimbursement - MileageCategory/  
Type

Transaction ID : SB.195

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Mitchell Lowe**

Mailing Address c/o Tim Griffin for Congress, P.O.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2012

City	State	Zip Code
Little Rock	AR	72217

Amount of Each Disbursement this Period

114.24
--------

Purpose of Disbursement  
Expense Reimbursement - MileageCategory/  
Type

Transaction ID : SB.197

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

400.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Mitchell Lowe**

Mailing Address c/o Tim Griffin for Congress, P.O.

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
Expense Reimbursement - Mileage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2012

Amount of Each Disbursement this Period

67.32
-------

Transaction ID : SB.200

**B. Mitchell Lowe**

Mailing Address c/o Tim Griffin for Congress, P.O.

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
Expense Reimbursement - Mileage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		20		2012

Amount of Each Disbursement this Period

253.50
--------

Transaction ID : SB.203

**C. Mitchell Lowe**

Mailing Address c/o Tim Griffin for Congress, P.O.

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
Expense Reimbursement - Mileage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		28		2012

Amount of Each Disbursement this Period

80.00
-------

Transaction ID : SB.204

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

400.82

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Mitchell Lowe**

Mailing Address c/o Tim Griffin for Congress, P.O.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2012

City	State	Zip Code
Little Rock	AR	72217

Amount of Each Disbursement this Period

7500.00
---------

Purpose of Disbursement  
PayrollCategory/  
Type

Transaction ID : SB.221

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Mitchell Lowe**

Mailing Address c/o Tim Griffin for Congress, P.O.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2012

City	State	Zip Code
Little Rock	AR	72217

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
PayrollCategory/  
Type

Transaction ID : SB.223

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Mitchell Lowe**

Mailing Address c/o Tim Griffin for Congress, P.O.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2012

City	State	Zip Code
Little Rock	AR	72217

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
PayrollCategory/  
Type

Transaction ID : SB.225

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

12500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Mitchell Lowe**

Mailing Address c/o Tim Griffin for Congress, P.O.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2012

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
Payroll

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB.226

Candidate Name

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. Mitchell Lowe**

Mailing Address c/o Tim Griffin for Congress, P.O.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2012

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
Payroll

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB.228

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. Mitchell Lowe**

Mailing Address c/o Tim Griffin for Congress, P.O.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2012

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
Payroll

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB.230

Candidate Name

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:

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

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

7500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Mitchell Lowe**

Mailing Address c/o Tim Griffin for Congress, P.O.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2012

City	State	Zip Code
Little Rock	AR	72217

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
PayrollCategory/  
Type

Transaction ID : SB.232

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. John Maus III**

Mailing Address 1 Country Club Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2012

City	State	Zip Code
Morrilton	AR	72110

Amount of Each Disbursement this Period

456.68
--------

Purpose of Disbursement  
In-Kind-MealsCategory/  
Type

Transaction ID : SB.210

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**c. Steve McDaniel**

Mailing Address 6601 Pontiac Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		07		2012

City	State	Zip Code
North Little Rock	AR	72216

Amount of Each Disbursement this Period

199.92
--------

Purpose of Disbursement  
Expense Reimbursement - See MemosCategory/  
Type

Transaction ID : SB.205

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

3156.60

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Steve McDaniel**

Mailing Address 6601 Pontiac Drive

City	State	Zip Code
North Little Rock	AR	72216

Purpose of Disbursement  
Expense Reimbursement - See Memos

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2012

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB.207

**B. Kerry Murphy**

Mailing Address 4023 Mockingbird Cove

City	State	Zip Code
Benton	AR	72015

Purpose of Disbursement  
Expense Reimbursement

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2012

Amount of Each Disbursement this Period

957.35
--------

Transaction ID : SB.188

**c. Kerry Murphy**

Mailing Address 4023 Mockingbird Cove

City	State	Zip Code
Benton	AR	72015

Purpose of Disbursement  
Expense Reimbursement

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2012

Amount of Each Disbursement this Period

813.84
--------

Transaction ID : SB.190

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

1921.19

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Kerry Murphy**

Mailing Address 4023 Mockingbird Cove

City	State	Zip Code
Benton	AR	72015

Purpose of Disbursement  
Expense Reimbursement - Mileage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2012

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB.194

**B. Kerry Murphy**

Mailing Address 4023 Mockingbird Cove

City	State	Zip Code
Benton	AR	72015

Purpose of Disbursement  
Expense Reimbursement - Mileage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2012

Amount of Each Disbursement this Period

421.69
--------

Transaction ID : SB.196

**C. Kerry Murphy**

Mailing Address 4023 Mockingbird Cove

City	State	Zip Code
Benton	AR	72015

Purpose of Disbursement  
Expense Reimbursement - Mileage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		24		2012

Amount of Each Disbursement this Period

500.31
--------

Transaction ID : SB.198

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

1122.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Kerry Murphy**

Mailing Address 4023 Mockingbird Cove

City	State	Zip Code
Benton	AR	72015

Purpose of Disbursement  
Expense Reimbursement - Mileage

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2012

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB.201

**B. Kerry Murphy**

Mailing Address 4023 Mockingbird Cove

City	State	Zip Code
Benton	AR	72015

Purpose of Disbursement  
Expense Reimbursement - See Memos

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2012

Amount of Each Disbursement this Period

997.30
--------

Transaction ID : SB.206

**c. Kerry Murphy**

Mailing Address 4023 Mockingbird Cove

City	State	Zip Code
Benton	AR	72015

Purpose of Disbursement  
Payroll

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2012

Amount of Each Disbursement this Period

1262.50
---------

Transaction ID : SB.222

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

2559.80

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Kerry Murphy**

Mailing Address 4023 Mockingbird Cove

City	State	Zip Code
Benton	AR	72015

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2012

Amount of Each Disbursement this Period

922.50
--------

Transaction ID : SB.224

**B. Kerry Murphy**

Mailing Address 4023 Mockingbird Cove

City	State	Zip Code
Benton	AR	72015

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2012

Amount of Each Disbursement this Period

1413.14
---------

Transaction ID : SB.227

**C. Kerry Murphy**

Mailing Address 4023 Mockingbird Cove

City	State	Zip Code
Benton	AR	72015

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2012

Amount of Each Disbursement this Period

1584.36
---------

Transaction ID : SB.229

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

3920.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Kerry Murphy**

Mailing Address 4023 Mockingbird Cove

City	State	Zip Code
Benton	AR	72015

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2012

Amount of Each Disbursement this Period

1407.50
---------

Transaction ID : SB.231

**B. Leslie C. Rutlege**Mailing Address 401 Holland Lane  
#1116

City	State	Zip Code
Alexandria	VA	22314-3443

Purpose of Disbursement  
In-Kind-Meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2012

Amount of Each Disbursement this Period

325.00
--------

Transaction ID : SB.209

**C. Arkansas Business**

Mailing Address 122 East Second Street

City	State	Zip Code
Little Rock	AR	72201

Purpose of Disbursement  
Advertising Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

Amount of Each Disbursement this Period

780.00
--------

Transaction ID : SB.35

**[MEMO ITEM]**

Itemized Disbursement - 07.17.12

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

1732.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Arkansas Federation Of Republican Women**

Mailing Address 3654 Tera Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.112

**B. Arkansas Federation Of Young Republicans**

Mailing Address 401 Holland Lane

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2012

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB.113

**C. Arkansas Republican Women Online**

Mailing Address 3654 Tera Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.114

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

1750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Arkansas Sportscasters**

Mailing Address 1072 Markham Street

City	State	Zip Code
Conway	AR	72033

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB.115

**B. AT&T Mobility**

Mailing Address 10802 EXECUTIVE CENTER DRIVE

City	State	Zip Code
LITTLE ROCK	AR	72211

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2012

Amount of Each Disbursement this Period

84.08
-------

Transaction ID : SB.248

**C. AT&T Mobility**

Mailing Address 10802 EXECUTIVE CENTER DRIVE

City	State	Zip Code
LITTLE ROCK	AR	72211

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2012

Amount of Each Disbursement this Period

88.23
-------

Transaction ID : SB.249

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

572.31

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. AT&T Mobility**

Mailing Address 10802 EXECUTIVE CENTER DRIVE

City	State	Zip Code
LITTLE ROCK	AR	72211

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2012

Amount of Each Disbursement this Period

83.89
-------

Transaction ID : SB.250

**B. AT&T Mobility**

Mailing Address 10802 EXECUTIVE CENTER DRIVE

City	State	Zip Code
LITTLE ROCK	AR	72211

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		28		2012

Amount of Each Disbursement this Period

84.98
-------

Transaction ID : SB.251

**C. AT&T Mobility**

Mailing Address 10802 EXECUTIVE CENTER DRIVE

City	State	Zip Code
LITTLE ROCK	AR	72211

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

Amount of Each Disbursement this Period

360.74
--------

Transaction ID : SB.29

**[MEMO ITEM]**

Itemized Disbursement - 07.17.12

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

168.87

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. AT&T Mobility**

Mailing Address 10802 EXECUTIVE CENTER DRIVE

City	State	Zip Code
LITTLE ROCK	AR	72211

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

Amount of Each Disbursement this Period

360.31
--------

Transaction ID : SB.30

**[MEMO ITEM]**

Itemized Disbursement - 08.16.12

**B. AT&T Mobility**

Mailing Address 10802 EXECUTIVE CENTER DRIVE

City	State	Zip Code
LITTLE ROCK	AR	72211

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2012

Amount of Each Disbursement this Period

376.77
--------

Transaction ID : SB.31

**[MEMO ITEM]**

Itemized Disbursement - 08.30.12

**c. Bellwether Consulting Group**

Mailing Address 1150 Hungryneck Boulevard, Suite C

City	State	Zip Code
Mount Pleasant	SC	29464

Purpose of Disbursement  
Consulting - Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2012

Amount of Each Disbursement this Period

380.51
--------

Transaction ID : SB.126

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

380.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Bellwether Consulting Group**

Mailing Address 1150 Hungryneck Boulevard, Suite C

City	State	Zip Code
Mount Pleasant	SC	29464

Purpose of Disbursement  
Consulting - Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2012

Amount of Each Disbursement this Period

1000.39
---------

Transaction ID : SB.127

**B. Bellwether Consulting Group**

Mailing Address 1150 Hungryneck Boulevard, Suite C

City	State	Zip Code
Mount Pleasant	SC	29464

Purpose of Disbursement  
Consulting - Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

Amount of Each Disbursement this Period

85.38
-------

Transaction ID : SB.128

**c. Bellwether Consulting Group**

Mailing Address 1150 Hungryneck Boulevard, Suite C

City	State	Zip Code
Mount Pleasant	SC	29464

Purpose of Disbursement  
Consulting - Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

Amount of Each Disbursement this Period

505.95
--------

Transaction ID : SB.129

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

1591.72



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Bellwether Consulting Group**

Mailing Address 1150 Hungryneck Boulevard, Suite C

City	State	Zip Code
Mount Pleasant	SC	29464

Purpose of Disbursement  
Consulting - Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

Amount of Each Disbursement this Period

2261.39
---------

Transaction ID : SB.130

**B. Bellwether Consulting Group**

Mailing Address 1150 Hungryneck Boulevard, Suite C

City	State	Zip Code
Mount Pleasant	SC	29464

Purpose of Disbursement  
Consulting - Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2012

Amount of Each Disbursement this Period

698.48
--------

Transaction ID : SB.131

**C. Bellwether Consulting Group**

Mailing Address 1150 Hungryneck Boulevard, Suite C

City	State	Zip Code
Mount Pleasant	SC	29464

Purpose of Disbursement  
Consulting - Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2012

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB.132

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

5459.87

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Bellwether Consulting Group**

Mailing Address 1150 Hungryneck Boulevard, Suite C

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2012

City	State	Zip Code
Mount Pleasant	SC	29464

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Consulting - FundraisingCategory/  
Type

Transaction ID : SB.133

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Benton Chamber Of Commerce**

Mailing Address 607 North Market Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2012

City	State	Zip Code
Benton	AR	72015

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Event ParticipationCategory/  
Type

Transaction ID : SB.254

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Benton County Republican Women**

Mailing Address P.O. Box 1678

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2012

City	State	Zip Code
Rogers	AR	72712

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Charitable ContributionCategory/  
Type

Transaction ID : SB.54

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

3000.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Bern's Steak House**

Mailing Address 1208 South Howard Avenue

City	State	Zip Code
TAMPA	FL	33606

Purpose of Disbursement  
Meals Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2012

Amount of Each Disbursement this Period

259.08
--------

Transaction ID : SB.16

**[MEMO ITEM]**

Itemized Disbursement - 08.30.12

**B. Best Buy**

Mailing Address 11800 Chenal Parkway

City	State	Zip Code
LITTLE ROCK	AR	72211

Purpose of Disbursement  
Office Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2012

Amount of Each Disbursement this Period

260.37
--------

Transaction ID : SB.36

**[MEMO ITEM]**

Itemized Disbursement - 08.30.12

**c. Big Brothers & Big Sisters**

Mailing Address 1125 Broadway Street

City	State	Zip Code
Little Rock	AR	72202

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.116

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

1000.00
---------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Boone County Republican Women**

Mailing Address 116 North Spring Street

City	State	Zip Code
Harrison	AR	60048

Purpose of Disbursement  
Charitable Contribution

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 20 / 2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.59999

**B. Brave New Restaurant**

Mailing Address 2300 Cottdale Lane

City	State	Zip Code
LITTLE ROCK	AR	72202

Purpose of Disbursement  
Catering Expense

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:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 17 / 2012

Amount of Each Disbursement this Period

848.25
--------

Transaction ID : SB.1

[MEMO ITEM]

Itemized Disbursement - 07.17.12

**C. Carroll County Republican Women**

Mailing Address 110 Woodsdale Drive

City	State	Zip Code
Holiday Island	AR	72631

Purpose of Disbursement  
Charitable Contribution

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 07 / 2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.61

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

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

500.00
--------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Cheers in the Heights**

Mailing Address 2010 North Van Buren Street

City	State	Zip Code
LITTLE ROCK	AR	72207

Purpose of Disbursement  
Catering Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

Amount of Each Disbursement this Period

266.72
--------

Transaction ID : SB.2

**[MEMO ITEM]**

Itemized Disbursement - 07.17.12

**B. Citizens Helping Heroes, Inc.**

Mailing Address 1523 26th Street NW

City	State	Zip Code
Washington	DC	20007

Purpose of Disbursement  
Event Participation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2012

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB.187

**C. Cleburne County Republican Women**

Mailing Address 1001 West Main Street

City	State	Zip Code
Heber Springs	AR	72543

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.117

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

5250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 7704 Leesburg Pike

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

City	State	Zip Code
Falls Church	VA	22043

Amount of Each Disbursement this Period

800.00
--------

Purpose of Disbursement  
Compliance SoftwareCategory/  
Type

Transaction ID : SB.4

**[MEMO ITEM]**

Itemized Disbursement - 07.17.12

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. CMDI**

Mailing Address 7704 Leesburg Pike

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

City	State	Zip Code
Falls Church	VA	22043

Amount of Each Disbursement this Period

800.00
--------

Purpose of Disbursement  
Compliance SoftwareCategory/  
Type

Transaction ID : SB.5

**[MEMO ITEM]**

Itemized Disbursement - 08.16.12

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. CMDI**

Mailing Address 7704 Leesburg Pike

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2012

City	State	Zip Code
Falls Church	VA	22043

Amount of Each Disbursement this Period

800.00
--------

Purpose of Disbursement  
Compliance SoftwareCategory/  
Type

Transaction ID : SB.6

**[MEMO ITEM]**

Itemized Disbursement - 08.26.12

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Comcast Of Little Rock**

Mailing Address 2714 S SHAKLEFORD ROAD

City	State	Zip Code
Little Rock	AR	72201

Purpose of Disbursement  
Office Expense - Utilities

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

Amount of Each Disbursement this Period

238.03
--------

Transaction ID : SB.25

**[MEMO ITEM]**

Itemized Disbursement - 07.17.12

**B. Comcast Of Little Rock**

Mailing Address 2714 S SHAKLEFORD ROAD

City	State	Zip Code
Little Rock	AR	72201

Purpose of Disbursement  
Office Expense - Utilities

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

Amount of Each Disbursement this Period

238.03
--------

Transaction ID : SB.26

**[MEMO ITEM]**

Itemized Disbursement - 08.16.12

**c. Comcast Of Little Rock**

Mailing Address 2714 S SHAKLEFORD ROAD

City	State	Zip Code
Little Rock	AR	72201

Purpose of Disbursement  
Office Expense - Utilities

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2012

Amount of Each Disbursement this Period

238.02
--------

Transaction ID : SB.27

**[MEMO ITEM]**

Itemized Disbursement - 08.30.12

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. CT-05 Nominee Fund**

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2012

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB.64999

**B. Daniel Label Printing**

Mailing Address 3125 East Washington Avenue

City	State	Zip Code
North Little Rock	AR	72114

Purpose of Disbursement  
Advertising Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2012

Amount of Each Disbursement this Period

392.88
--------

Transaction ID : SB.40

**c. DeJarnette, LLC**

Mailing Address 207 ROBIN STREET

City	State	Zip Code
WHITE HALL	AR	71602

Purpose of Disbursement  
Consulting-Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2012

Amount of Each Disbursement this Period

767.50
--------

Transaction ID : SB.255

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

2160.38



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Delta Airlines, Inc.**

Mailing Address P.O. Box 20972

City	State	Zip Code
ATLANTA	GA	30320

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

Amount of Each Disbursement this Period

287.60
--------

Transaction ID : SB.32

**[MEMO ITEM]**

Itemized Disbursement - 08.16.12

**B. Delta Airlines, Inc.**

Mailing Address P.O. Box 20972

City	State	Zip Code
ATLANTA	GA	30354

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

Amount of Each Disbursement this Period

638.20
--------

Transaction ID : SB.33

**[MEMO ITEM]**

Itemized Disbursement - 08.16.12

**C. Drew County Republican Committee**

Mailing Address P.O. Box 384

City	State	Zip Code
Monticello	AR	71655

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		04		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.118

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

1000.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Engage, LLC**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Consulting - Media

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2012

Amount of Each Disbursement this Period

299.00
--------

Transaction ID : SB.134

**B. Engage, LLC**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Consulting - Media

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2012

Amount of Each Disbursement this Period

299.00
--------

Transaction ID : SB.135

**c. Engage, LLC**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Consulting - Media

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2012

Amount of Each Disbursement this Period

299.00
--------

Transaction ID : SB.136

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

897.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Engage, LLC**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Consulting - Media

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		27		2012

Amount of Each Disbursement this Period

299.00
--------

Transaction ID : SB.137

**B. Faulkner County Republican Women**

Mailing Address 900 Oak Street

City	State	Zip Code
Conway	AR	72033

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.119

**C. Faulkner County Republican Women**

Mailing Address 900 Oak Street

City	State	Zip Code
Conway	AR	72033

Purpose of Disbursement  
FCRW Dinner

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2012

Amount of Each Disbursement this Period

350.00
--------

Transaction ID : SB.208

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

899.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Faulkner County Fair Association**

Mailing Address P.O. Box 305

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2012

City	State	Zip Code
Conway	AR	72033

Amount of Each Disbursement this Period

1450.00
---------

Purpose of Disbursement  
Event ParticipationCategory/  
Type

Transaction ID : SB.256

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. GA-12 Nominee Fund**Mailing Address 2470 Daniell's Bridge Road  
Suite 121

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2012

City	State	Zip Code
Athens	GA	30606

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Charitable ContributionCategory/  
Type

Transaction ID : SB.70

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Garland County Republican Women**

Mailing Address 626 Malvern Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2012

City	State	Zip Code
Hot Springs	AR	71901

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Charitable ContributionCategory/  
Type

Transaction ID : SB.71

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

1450.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Greater Ozarks Republican Women**

Mailing Address 116 North Spring Street

City	State	Zip Code
Harrison	AR	72601

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.73

**B. Hilton Garden Inn**

Mailing Address 1700 East 9th Avenue

City	State	Zip Code
TAMPA	FL	33605

Purpose of Disbursement  
Lodging Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB.11

[MEMO ITEM]

Itemized Disbursement - 08.16.12

**c. Hilton Garden Inn**

Mailing Address 1700 East 9th Avenue

City	State	Zip Code
TAMPA	FL	33605

Purpose of Disbursement  
Lodging Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB.12

[MEMO ITEM]

Itemized Disbursement - 08.16.12

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

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

250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Hilton Garden Inn**

Mailing Address 1700 East 9th Avenue

City	State	Zip Code
TAMPA	FL	33605

Purpose of Disbursement  
Lodging Expense

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2012

Amount of Each Disbursement this Period

1673.76
---------

Transaction ID : SB.13

**[MEMO ITEM]**

Itemized Disbursement - 08.30.12

**B. Hilton Garden Inn**

Mailing Address 1700 East 9th Avenue

City	State	Zip Code
TAMPA	FL	33605

Purpose of Disbursement  
Lodging Expense

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2012

Amount of Each Disbursement this Period

1673.76
---------

Transaction ID : SB.14

**[MEMO ITEM]**

Itemized Disbursement - 08.30.12

**C. Hilton Garden Inn**

Mailing Address 1700 East 9th Avenue

City	State	Zip Code
TAMPA	FL	33605

Purpose of Disbursement  
Lodging Expense

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2012

Amount of Each Disbursement this Period

1673.76
---------

Transaction ID : SB.15

**[MEMO ITEM]**

Itemized Disbursement - 08.30.12

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

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Hilton Garden Inn**

Mailing Address 1700 East 9th Avenue

City	State	Zip Code
TAMPA	FL	33605

Purpose of Disbursement  
Refund - Lodging Expense

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 30 / 2012

Amount of Each Disbursement this Period

-1673.76
----------

Transaction ID : SB.38

**[MEMO ITEM]**

Itemized Disbursement - 08.30.12

**B. Hilton Garden Inn**

Mailing Address 1700 East 9th Avenue

City	State	Zip Code
TAMPA	FL	33605

Purpose of Disbursement  
Refund - Lodging Expense

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 30 / 2012

Amount of Each Disbursement this Period

-265.68
---------

Transaction ID : SB.39

**[MEMO ITEM]**

Itemized Disbursement - 08.30.12

**c. Hot Springs Village Republican Women**

Mailing Address 3654 Tera Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement  
Charitable Contribution

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 03 / 2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.75

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

250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2012

Amount of Each Disbursement this Period

0.35
------

Transaction ID : SB.144

**B. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2012

Amount of Each Disbursement this Period

27.50
-------

Transaction ID : SB.145

**C. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2012

Amount of Each Disbursement this Period

4.12
------

Transaction ID : SB.146

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

31.97



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2012

Amount of Each Disbursement this Period

2.75
------

Transaction ID : SB.147

**B. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2012

Amount of Each Disbursement this Period

1.38
------

Transaction ID : SB.148

**C. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2012

Amount of Each Disbursement this Period

13.75
-------

Transaction ID : SB.149

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

17.88

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2012

Amount of Each Disbursement this Period

4.67
------

Transaction ID : SB.150

**B. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

Amount of Each Disbursement this Period

13.75
-------

Transaction ID : SB.151

**C. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2012

Amount of Each Disbursement this Period

1.38
------

Transaction ID : SB.152

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

19.80
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2012

Amount of Each Disbursement this Period

4.12
------

Transaction ID : SB.153

**B. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2012

Amount of Each Disbursement this Period

55.00
-------

Transaction ID : SB.154

**C. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2012

Amount of Each Disbursement this Period

1.38
------

Transaction ID : SB.155

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

60.50
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2012

Amount of Each Disbursement this Period

137.50
--------

Transaction ID : SB.156

**B. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2012

Amount of Each Disbursement this Period

13.75
-------

Transaction ID : SB.157

**C. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		24		2012

Amount of Each Disbursement this Period

8.25
------

Transaction ID : SB.158

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

159.50
--------

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 24 / 2012

Amount of Each Disbursement this Period

11.00
-------

Transaction ID : SB.159

**B. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 27 / 2012

Amount of Each Disbursement this Period

5.50
------

Transaction ID : SB.160

**C. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 29 / 2012

Amount of Each Disbursement this Period

2.75
------

Transaction ID : SB.161

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

19.25

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2012

Amount of Each Disbursement this Period

1.38
------

Transaction ID : SB.162

**B. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2012

Amount of Each Disbursement this Period

2.75
------

Transaction ID : SB.163

**C. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2012

Amount of Each Disbursement this Period

5.50
------

Transaction ID : SB.164

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

9.63
------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2012

Amount of Each Disbursement this Period

55.00
-------

Transaction ID : SB.165

**B. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2012

Amount of Each Disbursement this Period

2.75
------

Transaction ID : SB.166

**C. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		13		2012

Amount of Each Disbursement this Period

27.50
-------

Transaction ID : SB.167

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

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

85.25

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2012

Amount of Each Disbursement this Period

1.38
------

Transaction ID : SB.168

**B. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2012

Amount of Each Disbursement this Period

5.50
------

Transaction ID : SB.169

**C. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2012

Amount of Each Disbursement this Period

27.50
-------

Transaction ID : SB.170

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

34.38



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		20		2012

Amount of Each Disbursement this Period

0.55
------

Transaction ID : SB.171

**B. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		20		2012

Amount of Each Disbursement this Period

1.38
------

Transaction ID : SB.172

**C. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		20		2012

Amount of Each Disbursement this Period

1.38
------

Transaction ID : SB.173

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

3.31
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		20		2012

Amount of Each Disbursement this Period

2.75
------

Transaction ID : SB.174

**B. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2012

Amount of Each Disbursement this Period

0.28
------

Transaction ID : SB.175

**C. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2012

Amount of Each Disbursement this Period

0.28
------

Transaction ID : SB.176

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

3.31
------

--

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2012

Amount of Each Disbursement this Period

13.75
-------

Transaction ID : SB.177

**B. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2012

Amount of Each Disbursement this Period

27.50
-------

Transaction ID : SB.178

**C. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		28		2012

Amount of Each Disbursement this Period

2.75
------

Transaction ID : SB.179

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

44.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 28 / 2012

Amount of Each Disbursement this Period

137.50
--------

Transaction ID : SB.180

**B. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 29 / 2012

Amount of Each Disbursement this Period

0.55
------

Transaction ID : SB.181

**C. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 29 / 2012

Amount of Each Disbursement this Period

1.38
------

Transaction ID : SB.182

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

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

139.43
--------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2012

Amount of Each Disbursement this Period

1.38
------

Transaction ID : SB.183

**B. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2012

Amount of Each Disbursement this Period

2.75
------

Transaction ID : SB.184

**C. iContribute**

Full Name (Last, First, Middle Initial)

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2012

Amount of Each Disbursement this Period

2.75
------

Transaction ID : SB.185

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

6.88
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. iContribute**

Mailing Address 725 8th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit Card Processing Fee

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2012

Amount of Each Disbursement this Period

4.12
------

Transaction ID : SB.186

**B. ImageSOS**

Mailing Address 520 Loma Vista

City	State	Zip Code
Rockwall	TX	75032

Purpose of Disbursement  
Advertising Expense

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2012

Amount of Each Disbursement this Period

6579.00
---------

Transaction ID : SB.41

**c. Johnny's Haf Shell**

Mailing Address North Capitol Street Northeast

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement  
Catering Expense

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

Amount of Each Disbursement this Period

373.43
--------

Transaction ID : SB.3

**[MEMO ITEM]**

Itemized Disbursement - 08.16.12

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

6583.12

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Lake Norrell Area Association**Mailing Address Lake Norrell Boat Dock  
RT 1

City Alexander State AR Zip Code 72002

Purpose of Disbursement  
Event Participation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2012

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB.257

**B. Lamar Advertising**

Mailing Address 12001 Interstate 30

City Little Rock State AR Zip Code 72209

Purpose of Disbursement  
Advertising Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2012

Amount of Each Disbursement this Period

6512.00
---------

Transaction ID : SB.42

**C. Lexis Nexis**

Mailing Address 1150 18th Street NW, Suite 600

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Online Research Software

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2012

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB.217

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

6862.00
---------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Lexis Nexis**

Mailing Address 1150 18th Street NW, Suite 600

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Online Research Software

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
07 / 19 / 2012

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB.218

**B. Lexis Nexis**

Mailing Address 1150 18th Street NW, Suite 600

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Online Research Software

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
08 / 30 / 2012

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB.219

**C. Lexis Nexis**

Mailing Address 1150 18th Street NW, Suite 600

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Online Research Software

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
09 / 21 / 2012

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB.220

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

450.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Millennium Payroll Solutions**

Mailing Address 310 Natural Resources Drive

City	State	Zip Code
Little Rock	AR	72205

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2012

Amount of Each Disbursement this Period

34.21
-------

Transaction ID : SB.233

**B. Millennium Payroll Solutions**

Mailing Address 310 Natural Resources Drive

City	State	Zip Code
Little Rock	AR	72205

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2012

Amount of Each Disbursement this Period

32.46
-------

Transaction ID : SB.234

**C. Millennium Payroll Solutions**

Mailing Address 310 Natural Resources Drive

City	State	Zip Code
Little Rock	AR	72205

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2012

Amount of Each Disbursement this Period

32.46
-------

Transaction ID : SB.235

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

99.13

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Millennium Payroll Solutions**

Mailing Address 310 Natural Resources Drive

City	State	Zip Code
Little Rock	AR	72205

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2012

Amount of Each Disbursement this Period

37.46
-------

Transaction ID : SB.236

**B. Millennium Payroll Solutions**

Mailing Address 310 Natural Resources Drive

City	State	Zip Code
Little Rock	AR	72205

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2012

Amount of Each Disbursement this Period

35.97
-------

Transaction ID : SB.237

**C. Millennium Payroll Solutions**

Mailing Address 310 Natural Resources Drive

City	State	Zip Code
Little Rock	AR	72205

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2012

Amount of Each Disbursement this Period

34.21
-------

Transaction ID : SB.238

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

107.64

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Millennium Payroll Solutions**

Mailing Address 310 Natural Resources Drive

City	State	Zip Code
Little Rock	AR	72205

Purpose of Disbursement  
Payroll Processing Fee

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2012

Amount of Each Disbursement this Period

32.46
-------

Transaction ID : SB.239

**B. Millennium Payroll Solutions**

Mailing Address 310 Natural Resources Drive

City	State	Zip Code
Little Rock	AR	72205

Purpose of Disbursement  
Payroll Taxes

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2012

Amount of Each Disbursement this Period

573.75
--------

Transaction ID : SB.240

**C. Millennium Payroll Solutions**

Mailing Address 310 Natural Resources Drive

City	State	Zip Code
Little Rock	AR	72205

Purpose of Disbursement  
Payroll Taxes

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2012

Amount of Each Disbursement this Period

191.25
--------

Transaction ID : SB.241

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

797.46

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Millennium Payroll Solutions**

Mailing Address 310 Natural Resources Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2012

City	State	Zip Code
Little Rock	AR	72205

Amount of Each Disbursement this Period

191.25
--------

Purpose of Disbursement  
Payroll TaxesCategory/  
Type

Transaction ID : SB.242

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Millennium Payroll Solutions**

Mailing Address 310 Natural Resources Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2012

City	State	Zip Code
Little Rock	AR	72205

Amount of Each Disbursement this Period

191.25
--------

Purpose of Disbursement  
Payroll TaxesCategory/  
Type

Transaction ID : SB.243

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Millennium Payroll Solutions**

Mailing Address 310 Natural Resources Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2012

City	State	Zip Code
Little Rock	AR	72205

Amount of Each Disbursement this Period

558.46
--------

Purpose of Disbursement  
Payroll TaxesCategory/  
Type

Transaction ID : SB.244

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

940.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 163

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Millennium Payroll Solutions**

Mailing Address 310 Natural Resources Drive

City	State	Zip Code
Little Rock	AR	72205

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2012

Amount of Each Disbursement this Period

363.69
--------

Transaction ID : SB.245

**B. Millennium Payroll Solutions**

Mailing Address 310 Natural Resources Drive

City	State	Zip Code
Little Rock	AR	72205

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2012

Amount of Each Disbursement this Period

191.25
--------

Transaction ID : SB.246

**C. National Republican Congressional Committee**

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Committee Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2012

Amount of Each Disbursement this Period

150000.00
-----------

Transaction ID : SB.121

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

150554.94

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Committee**

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Membership Dues

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:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 23 / 2012

Amount of Each Disbursement this Period

45150.00
----------

Transaction ID : SB.258

**B. North Pulaski Republican Women**

Mailing Address 1 Municipal Drive

City	State	Zip Code
Jacksonville	AR	72076

Purpose of Disbursement  
Charitable Contribution

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 21 / 2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.92

**c. Office Depot**

Mailing Address 2600 CANTRELL ROAD

City	State	Zip Code
LITTLE ROCK	AR	72202

Purpose of Disbursement  
Office Expense - Supplies

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 26 / 2012

Amount of Each Disbursement this Period

225.00
--------

Transaction ID : SB.17

**[MEMO ITEM]**

Itemized Disbursement - 08.26.12

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

45400.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 2600 CANTRELL ROAD

City	State	Zip Code
LITTLE ROCK	AR	72202

Purpose of Disbursement  
Office Expense - Supplies

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2012

Amount of Each Disbursement this Period

1597.75
---------

Transaction ID : SB.18

**[MEMO ITEM]**

Itemized Disbursement - 08.30.12

**B. Perry County Republican Women**

Mailing Address 122 Front Street

City	State	Zip Code
Bigelow	AR	72016

Purpose of Disbursement  
Charitable Contribution

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.93

**c. Pope County Republican Women**

Mailing Address 209 West 2nd Street

City	State	Zip Code
Russellville	AR	72801

Purpose of Disbursement  
Charitable Contribution

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.94

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

500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Provident Business Solutions**

Mailing Address P.O. Box 30306

City	State	Zip Code
Little Rock	AR	72260

Purpose of Disbursement  
Advertising Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2012

Amount of Each Disbursement this Period

341.78
--------

Transaction ID : SB.43

**B. Provident Business Solutions**

Mailing Address P.O. Box 30306

City	State	Zip Code
Little Rock	AR	72260

Purpose of Disbursement  
Advertising Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

Amount of Each Disbursement this Period

1681.75
---------

Transaction ID : SB.44

**C. Provident Business Solutions**

Mailing Address P.O. Box 30306

City	State	Zip Code
Little Rock	AR	72260

Purpose of Disbursement  
Advertising Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2012

Amount of Each Disbursement this Period

956.96
--------

Transaction ID : SB.45

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

2980.49



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Provident Business Solutions**

Mailing Address P.O. Box 30306

City	State	Zip Code
Little Rock	AR	72260

Purpose of Disbursement  
Advertising Expense

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 04 / 2012

Amount of Each Disbursement this Period

1681.75
---------

Transaction ID : SB.46

**B. Provident Business Solutions**

Mailing Address P.O. Box 30306

City	State	Zip Code
Little Rock	AR	72260

Purpose of Disbursement  
Advertising Expense

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 21 / 2012

Amount of Each Disbursement this Period

1325.79
---------

Transaction ID : SB.47

**C. Pulaski County Republican Women**

Mailing Address 500 West Markham Street

City	State	Zip Code
Little Rock	AR	72201

Purpose of Disbursement  
Charitable Contribution

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 07 / 2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.95

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

3257.54

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Republican Party Of Arkansas**

Mailing Address 1201 W 6th Street

City	State	Zip Code
Little Rock	AR	72201

Purpose of Disbursement  
Event Participation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.247

**B. Republican Party Of Arkansas**

Mailing Address 1201 W 6th Street

City	State	Zip Code
Little Rock	AR	72201

Purpose of Disbursement  
TUSK Membership Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.253

**c. Republican Women Of Bentonville**

Mailing Address 301 West Chestnut Street

City	State	Zip Code
Rogers	AR	72756

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.97

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

2250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Republican Women Of Crawford County**

Mailing Address 1003 Broadway Street

City	State	Zip Code
Van Buren	AR	72956

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.98

**B. Republican Women of Marion County**

Mailing Address 239 East Main Street

City	State	Zip Code
Flippin	AR	72634

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.99

**c. Searcy Chamber of Commerce**

Mailing Address 2323 South Main Street

City	State	Zip Code
SEARCY	AR	72143

Purpose of Disbursement  
Event Participation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

Amount of Each Disbursement this Period

296.00
--------

Transaction ID : SB.37

**[MEMO ITEM]**

Itemized Disbursement - 08.16.12

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

500.00
--------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Sebastian County Republican Women**Mailing Address 35 S 6th Street  
#203City State Zip Code  
Fort Smith AR 72901Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.105

**B. Security Bankcard Center**

Mailing Address P.O. Box 6139

City State Zip Code  
Norman OK 73070Purpose of Disbursement  
Credit Card Payment - See Memos

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

Amount of Each Disbursement this Period

5646.56
---------

Transaction ID : SB.140

**c. Security Bankcard Center**

Mailing Address P.O. Box 6139

City State Zip Code  
Norman OK 73070Purpose of Disbursement  
Credit Card Payment - See Memos

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

Amount of Each Disbursement this Period

5728.05
---------

Transaction ID : SB.141

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

11624.61

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Security Bankcard Center**

Mailing Address P.O. Box 6139

City	State	Zip Code
Norman	OK	73070

Purpose of Disbursement  
Credit Card Payment - See Memos

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2012

Amount of Each Disbursement this Period

1591.21
---------

Transaction ID : SB.142

**B. Security Bankcard Center**

Mailing Address P.O. Box 6139

City	State	Zip Code
Norman	OK	73070

Purpose of Disbursement  
Credit Card Payment - See Memos

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2012

Amount of Each Disbursement this Period

11340.89
----------

Transaction ID : SB.143

**C. Security Bankcard Center**

Mailing Address P.O. Box 6139

City	State	Zip Code
Norman	OK	73070

Purpose of Disbursement  
Prepayment for 4th Quarter 2012

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2012

Amount of Each Disbursement this Period

2909.23
---------

Transaction ID : SB.28

**[MEMO ITEM]**

Itemized Disbursement - 08.30.12

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

12932.10
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Siloam Springs Republican Women**

Mailing Address 400 North Broadway Street

City	State	Zip Code
Siloam Springs	AR	72761

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.106

**B. Southeast Arkansas Republican Women**

Mailing Address 203 W Gaines Street

City	State	Zip Code
Monticello	AR	71655

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.120

**C. Southwest Airlines**

Mailing Address P.O. Box 36647-1CR

City	State	Zip Code
DALLAS	TX	75235

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

Amount of Each Disbursement this Period

326.60
--------

Transaction ID : SB.34

**[MEMO ITEM]**

Itemized Disbursement - 08.16.12

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

500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Target**

Mailing Address 7377 Alcoa Road

City	State	Zip Code
BRYANT	AR	72022

Purpose of Disbursement  
Office Expense - Supplies

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

Amount of Each Disbursement this Period

501.67
--------

Transaction ID : SB.19

**[MEMO ITEM]**

Itemized Disbursement - 07.17.12

**B. Target**

Mailing Address 7377 Alcoa Road

City	State	Zip Code
BRYANT	AR	72022

Purpose of Disbursement  
Office Expense - Supplies

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2012

Amount of Each Disbursement this Period

359.52
--------

Transaction ID : SB.20

**[MEMO ITEM]**

Itemized Disbursement - 08.30.12

**c. Target**

Mailing Address 7377 Alcoa Road

City	State	Zip Code
BRYANT	AR	72022

Purpose of Disbursement  
Office Expense - Supplies

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2012

Amount of Each Disbursement this Period

32.37
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Transaction ID : SB.213

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

32.37
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. The Congressional Institute**Mailing Address 1700 Diagonal Road  
#730

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Event Participation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	30	2012

Amount of Each Disbursement this Period

1773.00
---------

Transaction ID : SB.259

**B. Wal-Mart**

Mailing Address 17309 Interstate 30

City BENTON State AR Zip Code 72015

Purpose of Disbursement  
Office Expense - Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	17	2012

Amount of Each Disbursement this Period

425.12
--------

Transaction ID : SB.21

[MEMO ITEM]

Itemized Disbursement - 07.17.12

**c. Wal-Mart**

Mailing Address 17309 Interstate 30

City LITTLE ROCK State AR Zip Code 72205

Purpose of Disbursement  
Office Expense - Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	17	2012

Amount of Each Disbursement this Period

542.56
--------

Transaction ID : SB.22

[MEMO ITEM]

Itemized Disbursement - 07.17.12

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

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

1773.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Wal-Mart**

Mailing Address 17309 Interstate 30

City	State	Zip Code
SEARCY	AR	72143

Purpose of Disbursement  
Office Expense - Supplies

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

Amount of Each Disbursement this Period

867.86
--------

Transaction ID : SB.23

**[MEMO ITEM]**

Itemized Disbursement - 08.16.12

**B. Wal-Mart**

Mailing Address 17309 Interstate 30

City	State	Zip Code
BENTON	AR	72015

Purpose of Disbursement  
Office Expense - Supplies

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2012

Amount of Each Disbursement this Period

564.08
--------

Transaction ID : SB.24

**[MEMO ITEM]**

Itemized Disbursement - 08.30.12

**c. Washington County Republican Women**

Mailing Address 280 North College Avenue

City	State	Zip Code
Fayetteville	AR	72701

Purpose of Disbursement  
Charitable Contribution

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.110

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

250.00
--------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. White County Republican Women**

Mailing Address 401 West Arch Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2012

City	State	Zip Code
Searcy	AR	72143

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Charitable ContributionCategory/  
Type

Transaction ID : SB.111

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. White County Fair Association**

Mailing Address 802 Davis Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2012

City	State	Zip Code
Searcy	AR	72143

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
Event ParticipationCategory/  
Type

Transaction ID : SB.261

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Windriver, LLC**

Mailing Address 301 Main Street, Suite 204

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		04		2012

City	State	Zip Code
North Little Rock	AR	72114

Amount of Each Disbursement this Period

975.00
--------

Purpose of Disbursement  
Office RentCategory/  
Type

Transaction ID : SB.214

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

1525.00





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Adam Hasner For Congress**Mailing Address 4800 NW 2nd Avenue  
#3City State Zip Code  
Boca Raton FL 33431Purpose of Disbursement  
Campaign Contribution

Candidate Name

Adam Hasner

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

State: FL District: 22

Date of Disbursement

M M	D D	Y Y Y Y
07	26	2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.48

**B. Akin For Senate**

Mailing Address P.O. Box 31222

City State Zip Code  
St. Louis MO 63131Purpose of Disbursement  
Campaign Contribution

Candidate Name

Todd Akin

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

State: MO District:

Date of Disbursement

M M	D D	Y Y Y Y
07	06	2012

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB.49

**C. Allen Kerr For State Rep**

Mailing Address 1429 Merrill Drive

City State Zip Code  
Little Rock AR 72211Purpose of Disbursement  
Campaign Contribution

Candidate Name

Allen Kerr

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	24	2012

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB.50

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

2000.00
---------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Bart Hester For Senate**

Mailing Address 1457 Park Garden Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2012

City	State	Zip Code
Reston	VA	20194

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Campaign ContributionCategory/  
Type

Transaction ID : SB.51

Candidate Name

Bart Hester

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Ben Lange For Congress**

Mailing Address P.O. Box 389

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2012

City	State	Zip Code
Independence	IA	50644

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Campaign ContributionCategory/  
Type

Transaction ID : SB.52

Candidate Name

Bob Lange

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: IA

District: 01

Full Name (Last, First, Middle Initial)

**c. Ben Quayle For Congress**Mailing Address 10645 N Tatum Boulevard  
#200-429

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2012

City	State	Zip Code
Phoenix	AZ	85028

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Campaign ContributionCategory/  
Type

Transaction ID : SB.53

Candidate Name

Ben Quayle

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: AZ

District: 06

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

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

4000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Bill Gossage Campaign**

Mailing Address P.O. Box 221

City	State	Zip Code
Ozark	AR	72949

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Bill Gossage

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.55

**B. Blake Johnson For Senate**

Mailing Address P.O. Box 8

City	State	Zip Code
Corning	AR	72422

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Blake Johnson

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.56

**c. Bob Bollinger For State Rep**Mailing Address 817 East Moorehead Street  
Suite 100

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Bob Bollinger

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.57999

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

750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Bob Dold For Congress**

Mailing Address P.O. Box 6312

City	State	Zip Code
Libertyville	IL	60048

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Robert James Dold

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: IL District: 10

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2012

Amount of Each Disbursement this Period

3250.00
---------

Transaction ID : SB.58999

**B. Brenden Doherty For Congress**

Mailing Address 225 Newman Avenue

City	State	Zip Code
East Providence	RI	02916

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Brenden P Doherty

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: RI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2012

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB.60999

**c. Charlene Fite For State Rep**

Mailing Address 531 Pine Cliff Drive

City	State	Zip Code
Van Buren	AR	72956

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Charlene Fite

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.62

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

3250.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Chris Collins For Congress**

Mailing Address P.O. Box 386

City	State	Zip Code
Clarence	NY	14031

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Chris Collins

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 27

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.63999

**B. Dan Benishek For Congress**

Mailing Address P.O. Box 108

City	State	Zip Code
Gladstone	MI	49837

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Dr. Daniel J. Benishek

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: MI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2012

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB.65

**c. Daniel Linnett For State Rep**

Mailing Address 520 East Wood

City	State	Zip Code
Ashdown	AR	71822

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Daniel Linnett

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.66

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

3250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Danny Tarkanian**Mailing Address 7220 South Cimarron  
Suite 100

City Las Vegas State NV Zip Code 89113

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Danny Tarkanian

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: NV District: 04

Date of Disbursement

M M	D D	Y Y Y Y
07	30	2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.67

**B. David Meeks For State Rep**Mailing Address 813 Oak Street  
Suite 10A

City Conway State AR Zip Code 72032

Purpose of Disbursement  
Campaign Contribution

Candidate Name

David Meeks

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	24	2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.68

**c. David Rouzer For Congress**

Mailing Address P.O. Box 2267

City Smithfield State NC Zip Code 27577

Purpose of Disbursement  
Campaign Contribution

Candidate Name

David Cheston Rouzer

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: NC District: 07

Date of Disbursement

M M	D D	Y Y Y Y
08	20	2012

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB.69

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

3250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**A. Garland Derden For State Rep**

Mailing Address 1919 Beumer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2012

City	State	Zip Code
Stuttgart	AR	72160

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Campaign ContributionCategory/  
Type

Transaction ID : SB.72

Candidate Name

**Garland Derden**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Henry Frisby For State Senate**Mailing Address 101 West Main Street  
Suite 413

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2012

City	State	Zip Code
El Dorado	AR	71730

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Campaign ContributionCategory/  
Type

Transaction ID : SB.74

Candidate Name

**Henry Frisby**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Jason Rapert For Senate**

Mailing Address P.O. Box 10388

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2012

City	State	Zip Code
Conway	AR	72034

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Campaign ContributionCategory/  
Type

Transaction ID : SB.76

Candidate Name

**Jason Rapert**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

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

1750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)

**A. Jim Sorvillo Campaign**

Mailing Address 13101 Bart Moreland Drive

City	State	Zip Code
Roland	AR	72135

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Jim Sorvillo**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2012

Amount of Each Disbursement this Period

3250.00
---------

Transaction ID : SB.77

**B. Joe Coors For Congress**

Mailing Address P.O. Box 16490

City	State	Zip Code
Golden	CO	80402

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Joseph Coors Jr.**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: CO

District: 07

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2012

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB.78

**c. John Archer For Congress**

Mailing Address P.O. Box 122

City	State	Zip Code
Bettendorf	IA	52722

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**John H. Archer Jr.**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: IA

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.79

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

3250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. John Woods For State Senate**

Mailing Address P.O. Box 8082

City	State	Zip Code
Springdale	AR	72766

Purpose of Disbursement  
Campaign ContributionCandidate Name  
John WoodsOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/>	Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 13 / 2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.80

**B. Jon Eubanks For State Rep**

Mailing Address 2543 Greasy Valley Road

City	State	Zip Code
Paris	AR	72855

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Jon EubanksOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/>	Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 04 / 2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.81

**c. Josh Miller For State Rep**

Mailing Address 1008 Trailwood Drive

City	State	Zip Code
Heber Springs	AR	72543

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Josh MillerOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/>	Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 25 / 2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.82

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

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

750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Justin Harris For State Rep**

Mailing Address P.O. Box 880

City	State	Zip Code
West Fork	AR	72774

Purpose of Disbursement  
Campaign ContributionCandidate Name  
**Justin Harris**Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/>	Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 16 / 2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.83

**B. Kevin Cramer For Congress**

Mailing Address P.O. Box 396

City	State	Zip Code
Bismarck	ND	58502

Purpose of Disbursement  
Campaign ContributionCandidate Name  
**Kevin Cramer**Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/>	Other (specify)	

State: ND District: 00

Date of Disbursement

M M / D D / Y Y Y Y
07 / 31 / 2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.84

**c. Kevin Raye For Congress**

Mailing Address P.O. Box 207

City	State	Zip Code
Eastport	ME	04631

Purpose of Disbursement  
Campaign ContributionCandidate Name  
**Kevin L. Raye**Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/>	Other (specify)	

State: ME District: 02

Date of Disbursement

M M / D D / Y Y Y Y
07 / 30 / 2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.85

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

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

2250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Kim Hammer For State Rep**

Mailing Address 1411 Edgehill

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2012

City	State	Zip Code
Benton	AR	72015

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.86

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Kim Hammer

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Linda Collins-Smith Campaign**

Mailing Address P.O. Box 90

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2012

City	State	Zip Code
Pocahontas	AR	72455

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.87

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Linda Collins-Smith

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Lori Benedict For State Rep**

Mailing Address P.O. Box 22

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2012

City	State	Zip Code
Sturkie	AR	72578

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.88

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Lori Benedict

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

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

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

750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Mark Meadows For Congress**

Mailing Address P.O. Box 811

City	State	Zip Code
Highlands	NC	28741

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Mark R. Meadows

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: NC

District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.89

**B. Micah Neal For State Rep**

Mailing Address P.O. Box 1912

City	State	Zip Code
Springdale	AR	72765

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Micah Neal

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.90

**c. Nate Bell For State Rep**

Mailing Address P.O. Box 2103

City	State	Zip Code
Mena	AR	71953

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Nate Bell

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2012

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB.91

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

1750.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Randy Alexander For State Rep**

Mailing Address P.O. Box 9901

City	State	Zip Code
Fayetteville	AR	72703

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Randy Alexander

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2012

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB.96

**B. Richard Hudson For Congress**

Mailing Address P.O. Box 5053

City	State	Zip Code
Concord	NC	28027

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Richard L. Hudson Jr.

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: NC

District: 08

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.100

**c. Rick Snuffer For Congress**Mailing Address 1514 South Kanawha Street  
Suite A

City	State	Zip Code
Beckley	WV	25801

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Richard Ray Snuffer

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: WV

District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB.101

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

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

3500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Rocky Lawrence For State Rep**

Mailing Address P.O. Box 11186

City	State	Zip Code
Conway	AR	72034

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Rocky Lawrence

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.102

**B. Rodney Davis For Congress**

Mailing Address P.O. Box 344

City	State	Zip Code
Taylorville	IL	62568

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Rodney L. Davis

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: IL

District: 13

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.103

**c. Rodney Davis For Congress**

Mailing Address P.O. Box 344

City	State	Zip Code
Taylorville	IL	62568

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Rodney L. Davis

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: IL

District: 13

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB.104

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

2250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tim Griffin for Congress

Full Name (Last, First, Middle Initial)

**A. Stephanie Malone For State Representative**

Mailing Address 2105 South O Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		24		2012

City	State	Zip Code
Fort Smith	AR	72901

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB.107

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Stephanie Malone

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Stubblefield For State Senate**

Mailing Address 2542 Skeets Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2012

City	State	Zip Code
Branch	AR	72928

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB.108

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Gary Stubblefield

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**c. Upton For All Of Us**

Mailing Address 2183 Rayburn House Office Building

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2012

City	State	Zip Code
Washington	DC	20515

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB.109

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Frederick Stephen Upton

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: MI

District: 06

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

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

2750.00

35500.00