



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Ann Clemmer for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	6990.95	94856.17
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6990.95	94856.17
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	4646.43	3225.92
(b) Total Offsets to Operating Expenditures (from Line 14).....	129.66	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4516.77	3225.92
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	0.00	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Ann Clemmer for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	69366.17
(ii) Unitemized.....	0.00	5490.00
(iii) TOTAL of contributions from individuals ▶	0.00	74856.17
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	6990.95	20000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6990.95	94856.17
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	129.66	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	7120.61	94856.17

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4646.43	3225.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	8000.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	8000.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	3548.70
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	12646.43	6774.62

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5525.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7120.61
25. SUBTOTAL (add Line 23 and Line 24).....	12646.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12646.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 8
	<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	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Ann Clemmer**

Mailing Address **PO Box 7878**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**14990.95**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 24 / 2014**

**Transaction ID : SA11D.4999**

Amount of Each Receipt this Period  
**6990.95**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**6990.95**

**6990.95**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 8			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 2614 S. Shackelford		Amount of Each Disbursement this Period 210.50 <b>Transaction ID : SB17.5014</b>
City Little Rock	State AR	
Zip Code 72205	Purpose of Disbursement Internet	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Law Office of James C Thomas III</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2014
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300		Amount of Each Disbursement this Period 4075.00 <b>Transaction ID : SB17.4992</b>
City Kansas City	State MO	
Zip Code 64153	Purpose of Disbursement legal and reporting fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Law Office of James C Thomas III</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300		Amount of Each Disbursement this Period 325.00 <b>Transaction ID : SB17.4993</b>
City Kansas City	State MO	
Zip Code 64153	Purpose of Disbursement legal and reporting fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4610.50
<b>TOTAL</b> This Period (last page this line number only).....	4610.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 8	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Ann Clemmer</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address PO Box 7878		Amount of Each Disbursement this Period 8000.00 <b>Transaction ID : SB19A.5001</b>
City Little Rock	State AR	
Zip Code 72217	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AR District: 02	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8000.00
<b>TOTAL</b> This Period (last page this line number only).....	8000.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

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

City	State	ZIP Code
Little Rock	AR	72217

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 12 / Y 2014	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ] 0.00

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