

# 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

Felicia Harris for Congress

ADDRESS (number and street)

2925 Gulf Freeway South Ste. B-170

Check if different than previously reported. (ACC)

League City

TX

77573

2. FEC IDENTIFICATION NUMBER ▼

C C00502310

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

TX

14

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

11

06

2012

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

11

06

2012

in the State of

5. Covering Period

10

01

2011

through

12

31

2011

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 Dana Benoit

Signature of Treasurer Dana Benoit

[Electronically Filed]

Date

01

30

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 / 39

Write or Type Committee Name

**Felicia Harris for Congress**

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

	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))....	20301.88	61677.88
(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)).....	20301.88	61677.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	56360.48	58046.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	56360.48	58046.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	103630.95	
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).....	100000.00	

**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

**Felicia Harris for Congress**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16675.00	54971.00
(ii) Unitemized.....	2626.88	5706.88
(iii) TOTAL of contributions from individuals ▶	19301.88	60677.88
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20301.88	61677.88
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	50000.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000.00	100000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	70301.88	161677.88

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	56360.48	58046.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	56360.48	58046.93

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	89689.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	70301.88
25. SUBTOTAL (add Line 23 and Line 24).....	159991.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	56360.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	103630.95

**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 39  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tom Amundsen**

Mailing Address 2625 Miller Ranch Rd

City State Zip Code  
Pearland TX 77584-9541

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

Name of Employer Occupation  
Matrix Manufacturing, Inc. Owner

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 / 2011

**Transaction ID : C6169**

Amount of Each Receipt this Period  
 Receipt 500.00

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

Mailing Address 3652 Inverness Dr

City State Zip Code  
Houston TX 77019-1102

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

Name of Employer Occupation  
Beck Redden & Secrest, LLP Attorney

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 23 / 2011

**Transaction ID : C6177**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

Mailing Address 16930 County Road 127

City State Zip Code  
Pearland TX 77581-6235

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 / 2011

**Transaction ID : C6189**

Amount of Each Receipt this Period  
 Receipt 500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 39
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jeffrey Carr**

Mailing Address 55 Silver Iris Way

City Spring State TX Zip Code 77382-2714

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

Name of Employer FMC Technologies, Inc. Occupation Senior Vice President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2011

**Transaction ID : C6126**

Amount of Each Receipt this Period  
 Receipt 500.00

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

Mailing Address 15802 Spunyard St

City Crosby State TX Zip Code 77532-5701

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

Name of Employer Claunch & Miller Occupation Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2011

**Transaction ID : C6184**

Amount of Each Receipt this Period  
 Receipt 1500.00

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

Mailing Address 10811 Pine Bayou St

City Houston State TX Zip Code 77024-3018

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

Name of Employer Cunningham Darlow LLP Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C6170**

Amount of Each Receipt this Period  
 Receipt 500.00

**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

FOR LINE NUMBER: PAGE 7 OF 39  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Manhar Das**

Mailing Address 1855 N Main St

City State Zip Code  
Pearland TX 77581-3303

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

Name of Employer Occupation  
Best Western Pearland General Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2011

**Transaction ID : C6165**

Amount of Each Receipt this Period  
 Receipt 250.00

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

Mailing Address 304 Carriage Creek Ln

City State Zip Code  
Friendswood TX 77546-5168

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

Name of Employer Occupation  
Self Employed 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 Y Y  
 12 / 28 / 2011

**Transaction ID : C6171**

Amount of Each Receipt this Period  
 Receipt 500.00

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

Mailing Address 417 W University Ave

City State Zip Code  
Lafayette LA 70506-3649

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

Name of Employer Occupation  
Self Employed 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 Y Y  
 11 / 03 / 2011

**Transaction ID : C6180**

Amount of Each Receipt this Period  
 Receipt 500.00

**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: PAGE 8 OF 39  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ephraim Del Pozo**

Mailing Address 406 S Clear Creek Dr

City State Zip Code  
Friendswood TX 77546-5114

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

Name of Employer Occupation  
Porter Hedges LLP Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 05 2011

**Transaction ID : C6115**

Amount of Each Receipt this Period  
 Receipt 250.00

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

Mailing Address 2607 Sleepy Hollow Dr

City State Zip Code  
Pearland TX 77581-6424

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

Name of Employer Occupation  
Pearland State Bank Banker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 20 2011

**Transaction ID : C6133**

Amount of Each Receipt this Period  
 Receipt 500.00

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

Mailing Address 3311 Amherst St

City State Zip Code  
Houston TX 77005-3333

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 15 2011

**Transaction ID : C6154**

Amount of Each Receipt this Period  
 Receipt 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kay Goff**

Mailing Address 2907 Nottingham Ln

City Missouri City State TX Zip Code 77459-2639

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011

**Transaction ID : C6131**

Amount of Each Receipt this Period  
 Receipt 225.00

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

Mailing Address 27315 Keystone Bend Ct

City Spring State TX Zip Code 77386-3514

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

Name of Employer Locke Lord Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2011

**Transaction ID : C6127**

Amount of Each Receipt this Period  
 Receipt 250.00

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

Mailing Address 5030 Cedar Spring Dr

City Missouri City State TX Zip Code 77459-4172

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2011

**Transaction ID : C6118**

Amount of Each Receipt this Period  
 Receipt 1500.00

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

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

1975.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 39
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gerald Higdon, Jr.**

Mailing Address 3537 W Dallas St

City Houston State TX Zip Code 77019-1701

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

Name of Employer Locke Lord Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2011

**Transaction ID : C6156**

Amount of Each Receipt this Period  
 Receipt 400.00

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

Mailing Address 611 Park Ln

City Friendswood State TX Zip Code 77546-3565

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

Name of Employer Lighthouse Occupation Sales

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2011

**Transaction ID : C6149**

Amount of Each Receipt this Period  
 Receipt 500.00

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

Mailing Address 6911 Hickory Creek Ln

City Dallas State TX Zip Code 75252-2730

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

Name of Employer Comerica Inc Occupation VP

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2011

**Transaction ID : C6121**

Amount of Each Receipt this Period  
 Receipt 250.00

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 39
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Moody**

Mailing Address 3263 Reba Dr

City State Zip Code  
Houston TX 77019-6211

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

Name of Employer Occupation  
Parkside Capital Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2011

**Transaction ID : C6123**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

Mailing Address PO Box 1983

City State Zip Code  
Houston TX 77251-1983

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

Name of Employer Occupation  
WWN Ltd. Self Employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2011

**Transaction ID : C6153**

Amount of Each Receipt this Period  
 Receipt 500.00

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

Mailing Address 15419 Rocky Oak Ct

City State Zip Code  
Houston TX 77059-3128

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

Name of Employer Occupation  
The Pearland Clinic Medical Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2011

**Transaction ID : C6128**

Amount of Each Receipt this Period  
 Receipt 250.00

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

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

1750.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 12 OF 39

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gerald Pels**

Mailing Address 4223 Case St

City Houston State TX Zip Code 77005-3505

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

Name of Employer Locke Lord Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2011

**Transaction ID : C6160**

Amount of Each Receipt this Period  
 500.00

Receipt

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

Mailing Address 20715 Surrey Stone Ct

City Katy State TX Zip Code 77450-7263

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

Name of Employer Amicus Search Group Occupation Recruiter

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2011

**Transaction ID : C6119**

Amount of Each Receipt this Period  
 250.00

Receipt

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

Mailing Address 2707 Autumn Lake Dr

City Katy State TX Zip Code 77450-5781

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

Name of Employer Weissner Engineering Occupation Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2011

**Transaction ID : C6175**

Amount of Each Receipt this Period  
 300.00

Receipt

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 39
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Melvin Spinks**

Mailing Address 12702 Secret Forest Ct

City Cypress	State TX	Zip Code 77429-5000
-----------------	-------------	------------------------

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

Name of Employer Civiltech Engineering	Occupation Engineer
---	------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011

**Transaction ID : C6185**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

Mailing Address 1905 Sleepy Hollow Dr

City Pearland	State TX	Zip Code 77581-5739
------------------	-------------	------------------------

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

Name of Employer Pearland Animal Hospital	Occupation Hospital Manager
--	--------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2011

**Transaction ID : C6129**

Amount of Each Receipt this Period  
 Receipt 500.00

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

Mailing Address 1342 Allston St

City Houston	State TX	Zip Code 77008-4206
-----------------	-------------	------------------------

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

Name of Employer Baker Hostetler	Occupation Attorney
-------------------------------------	------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2011

**Transaction ID : C6152**

Amount of Each Receipt this Period  
 Receipt 1000.00

**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

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15  
 PAGE 14 OF 39

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce Taten**

Mailing Address 3716 Jardin St

City State Zip Code  
 Houston TX 77005-3649

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

Name of Employer Occupation  
 Cooper Industries PLC Senior VP & General Counsel

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 28 2011

**Transaction ID : C6164**

Amount of Each Receipt this Period  
 250.00

Receipt

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

Mailing Address 714 Sugarplum Cir

City State Zip Code  
 Sugar Land TX 77498-2647

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

Name of Employer Occupation  
 Sutherland Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 02 2011

**Transaction ID : C6135**

Amount of Each Receipt this Period  
 500.00

Receipt

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

Mailing Address 1724 Elmen St

City State Zip Code  
 Houston TX 77019-5702

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

Name of Employer Occupation  
 Riviana Foods, Inc. Vice President & Gen Counsel

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 15 2011

**Transaction ID : C6161**

Amount of Each Receipt this Period  
 250.00

Receipt

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 39
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roy Yates**

Mailing Address 314 Mystery Harbor Ln

City State Zip Code  
Freeport TX 77541-3886

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

Name of Employer Occupation  
Freeport Welding & Fabrication 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 Y Y  
12 / 23 / 2011

**Transaction ID : C6183**

Amount of Each Receipt this Period  
500.00

Receipt

**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).....

500.00

16675.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 16 OF 39

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Berg-Oliver PAC**

Mailing Address 14701 Saint Marys Ln Ste 400

City State Zip Code  
 Houston TX 77079-2932

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2011

**Transaction ID : C6176**

Amount of Each Receipt this Period  
 Receipt 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Locke Lord Bissell & Liddell LLP PAC**

Mailing Address 600 Travis St Ste 2800

City State Zip Code  
 Houston TX 77002-2914

FEC ID number of contributing federal political committee. **C** C00117861

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2011

**Transaction ID : C6158**

Amount of Each Receipt this Period  
 Receipt 500.00

**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).....

1000.00

1000.00

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

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

FOR LINE NUMBER: PAGE 17 OF 39  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Felicia Harris PERSONAL FUND**

Mailing Address 3112 Sumac Drive

City State Zip Code  
Pearland TX 77584-

FEC ID number of contributing federal political committee. **C** C00502310

Name of Employer Candidate Occupation Candidate

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
100000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 / 2011

**Transaction ID : C6181**

Amount of Each Receipt this Period  
50000.00

Loans Made/Guaranteed by Cand.

NOTE: Personal Funds

**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).....

50000.00

50000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 39			
	<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)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 170.15
City Phoenix	State AZ	Zip Code 85072-3852
Purpose of Disbursement Credit card fees	Category/ Type	
Candidate Name	Transaction ID : E2605	
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)	CREDIT CARD FEES
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 46.42
City Phoenix	State AZ	Zip Code 85072-3852
Purpose of Disbursement Credit card fees	Category/ Type	
Candidate Name	Transaction ID : E2643	
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)	CREDIT CARD FEES
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aristotle International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2070.00
City Washington	State DC	Zip Code 20003-1164
Purpose of Disbursement Software	Category/ Type	
Candidate Name	Transaction ID : E2466	
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)	SOFTWARE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2286.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 39			
	<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)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Dana Benoit</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2011
Mailing Address 4902 Bridal Wreath Dr		Amount of Each Disbursement this Period 7505.57
City Richmond	State TX Zip Code 77406-9173	
Purpose of Disbursement NOTE: See below		Transaction ID : E2481
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)	NOTE: SEE BELOW
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Dana Benoit</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2011
Mailing Address 4902 Bridal Wreath Dr		Amount of Each Disbursement this Period 3000.00
City Richmond	State TX Zip Code 77406-9173	
Purpose of Disbursement Consulting fee		Transaction ID : E2482
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)	[MEMO ITEM] MEMO: CONSULTING FEE
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Mrs. Dana Benoit</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2011
Mailing Address 4902 Bridal Wreath Dr		Amount of Each Disbursement this Period 3000.00
City Richmond	State TX Zip Code 77406-9173	
Purpose of Disbursement Consulting fee		Transaction ID : E2483
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)	[MEMO ITEM] MEMO: CONSULTING FEE
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7505.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 39	
	<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)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial) <b>A. Grotto Westheimer Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2011
Mailing Address 4715 Westheimer Rd		Amount of Each Disbursement this Period 1039.47
City Houston	State TX Zip Code 77027-4717	
Purpose of Disbursement F/R event expense / Food 9/28		Transaction ID : E2484
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)	[MEMO ITEM] MEMO: F/R EVENT EXPENSE / FOOD 9/28
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Emmas Mex Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2011
Mailing Address 5010 Broadway St		Amount of Each Disbursement this Period 220.03
City Pearland	State TX Zip Code 77581-3939	
Purpose of Disbursement F/R event expense / Food 9/28		Transaction ID : E2485
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)	[MEMO ITEM] MEMO: F/R EVENT EXPENSE / FOOD 9/28
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Emmas Mex Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2011
Mailing Address 5010 Broadway St		Amount of Each Disbursement this Period 59.39
City Pearland	State TX Zip Code 77581-3939	
Purpose of Disbursement F/R event expense / Food 9/25		Transaction ID : E2486
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)	[MEMO ITEM] MEMO: F/R EVENT EXPENSE / FOOD 9/25
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 39	
	<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)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Dana Benoit</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address 4902 Bridal Wreath Dr		Amount of Each Disbursement this Period 2562.02
City Richmond State TX Zip Code 77406-9173	Purpose of Disbursement NOTE: See below	
Candidate Name	Category/Type	Transaction ID : E2502
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)	NOTE: SEE BELOW	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Dana Benoit</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address 4902 Bridal Wreath Dr		Amount of Each Disbursement this Period 1500.00
City Richmond State TX Zip Code 77406-9173	Purpose of Disbursement Consulting fee	
Candidate Name	Category/Type	Transaction ID : E2503
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)	<b>[MEMO ITEM]</b> MEMO: CONSULTING FEE	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. La Griglia</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address 2002 W Gray St		Amount of Each Disbursement this Period 420.32
City Houston State TX Zip Code 77019-3602	Purpose of Disbursement F/R event exp / Food 10/6	
Candidate Name	Category/Type	Transaction ID : E2504
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)	<b>[MEMO ITEM]</b> MEMO: F/R EVENT EXP / FOOD 10/6	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2562.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 39	
	<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)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial) <b>A. Galveston Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address 519 25th St		Amount of Each Disbursement this Period 80.00
City Galveston	State TX Zip Code 77550-1703	
Purpose of Disbursement Event expense / ticket 10/27		Transaction ID : E2505
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)	[MEMO ITEM] MEMO: EVENT EXPENSE / TICKET 10/27
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Dana Benoit</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address 4902 Bridal Wreath Dr		Amount of Each Disbursement this Period 513.84
City Richmond	State TX Zip Code 77406-9173	
Purpose of Disbursement Postage 11/1		Transaction ID : E2507
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)	[MEMO ITEM] MEMO: POSTAGE 11/1
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. E-onlinedata</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2011
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period 100.43
City Portland	State ME Zip Code 04101-4928	
Purpose of Disbursement Credit card processing fees		Transaction ID : E2538
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)	CREDIT CARD PROCESSING FEES
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 39	
	<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)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. E-onlinedata</b>		M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period
City	State	Zip Code
Portland	ME	04101-4928
Purpose of Disbursement Credit card processing fees		Category/Type
Candidate Name		Transaction ID : E2539
Office Sought:	Disbursement For:	CREDIT CARD PROCESSING FEES
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. E-onlinedata</b>		M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period
City	State	Zip Code
Portland	ME	04101-4928
Purpose of Disbursement Credit card processing fees		Category/Type
Candidate Name		Transaction ID : E2546
Office Sought:	Disbursement For:	CREDIT CARD PROCESSING FEES
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. E-onlinedata</b>		M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period
City	State	Zip Code
Portland	ME	04101-4928
Purpose of Disbursement Credit card processing fees		Category/Type
Candidate Name		Transaction ID : E2537
Office Sought:	Disbursement For:	CREDIT CARD PROCESSING FEES
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	132.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 39			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. E-onlinedata</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>05</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		05		2011
M M	/	D D	/	Y Y Y Y								
10		05		2011								
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period										
City	State	Zip Code										
Portland	ME	04101-4928										
Purpose of Disbursement Credit card processing fees		<table border="1"> <tr> <td>9</td> <td>.</td> <td>9</td> <td>9</td> </tr> </table>	9	.	9	9						
9	.	9	9									
Candidate Name		<b>Transaction ID : E2540</b>										
Office Sought:	Disbursement For:	<b>CREDIT CARD PROCESSING FEES</b>										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. E-onlinedata</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>07</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		07		2011
M M	/	D D	/	Y Y Y Y								
10		07		2011								
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period										
City	State	Zip Code										
Portland	ME	04101-4928										
Purpose of Disbursement Credit card processing fees		<table border="1"> <tr> <td>5</td> <td>.</td> <td>7</td> <td>3</td> </tr> </table>	5	.	7	3						
5	.	7	3									
Candidate Name		<b>Transaction ID : E2541</b>										
Office Sought:	Disbursement For:	<b>CREDIT CARD PROCESSING FEES</b>										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. E-onlinedata</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>14</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		14		2011
M M	/	D D	/	Y Y Y Y								
10		14		2011								
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period										
City	State	Zip Code										
Portland	ME	04101-4928										
Purpose of Disbursement Credit card processing fees		<table border="1"> <tr> <td>9</td> <td>.</td> <td>9</td> <td>8</td> </tr> </table>	9	.	9	8						
9	.	9	8									
Candidate Name		<b>Transaction ID : E2542</b>										
Office Sought:	Disbursement For:	<b>CREDIT CARD PROCESSING FEES</b>										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>2</td> <td>.</td> <td>1</td> <td>7</td> </tr> </table>	2	.	1	7
2	.	1	7		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td>2</td> <td>.</td> <td>1</td> <td>7</td> </tr> </table>	2	.	1	7
2	.	1	7		

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 39			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. E-onlinedata</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>21</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		21		2011
M M	/	D D	/	Y Y Y Y								
10		21		2011								
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Portland</td> <td>ME</td> <td>04101-4928</td> </tr> </table>		City	State	Zip Code	Portland	ME	04101-4928	<table border="1"> <tr> <td>11.45</td> </tr> </table>	11.45			
City	State	Zip Code										
Portland	ME	04101-4928										
11.45												
Purpose of Disbursement Credit card processing fees		Transaction ID : E2543										
Candidate Name		Category/Type										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		CREDIT CARD PROCESSING FEES										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. E-onlinedata</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>24</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		24		2011
M M	/	D D	/	Y Y Y Y								
10		24		2011								
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Portland</td> <td>ME</td> <td>04101-4928</td> </tr> </table>		City	State	Zip Code	Portland	ME	04101-4928	<table border="1"> <tr> <td>3.99</td> </tr> </table>	3.99			
City	State	Zip Code										
Portland	ME	04101-4928										
3.99												
Purpose of Disbursement Credit card processing fees		Transaction ID : E2544										
Candidate Name		Category/Type										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		CREDIT CARD PROCESSING FEES										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. E-onlinedata</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>31</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		31		2011
M M	/	D D	/	Y Y Y Y								
10		31		2011								
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Portland</td> <td>ME</td> <td>04101-4928</td> </tr> </table>		City	State	Zip Code	Portland	ME	04101-4928	<table border="1"> <tr> <td>0.57</td> </tr> </table>	0.57			
City	State	Zip Code										
Portland	ME	04101-4928										
0.57												
Purpose of Disbursement Credit card processing fees		Transaction ID : E2545										
Candidate Name		Category/Type										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		CREDIT CARD PROCESSING FEES										
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).....	16.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 39	
	<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)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. E-onlinedata</b>		M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period
City Portland State ME Zip Code 04101-4928		75.66
Purpose of Disbursement Credit card processing fees		Transaction ID : E2583
Candidate Name		CATEGORY/TYPE
Office Sought:	Disbursement For:	CREDIT CARD PROCESSING FEES
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. E-onlinedata</b>		M M / D D / Y Y Y Y 11 / 03 / 2011
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period
City Portland State ME Zip Code 04101-4928		2.13
Purpose of Disbursement Credit card processing fees		Transaction ID : E2570
Candidate Name		CATEGORY/TYPE
Office Sought:	Disbursement For:	CREDIT CARD PROCESSING FEES
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. E-onlinedata</b>		M M / D D / Y Y Y Y 11 / 04 / 2011
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period
City Portland State ME Zip Code 04101-4928		1.60
Purpose of Disbursement Credit card processing fees		Transaction ID : E2571
Candidate Name		CATEGORY/TYPE
Office Sought:	Disbursement For:	CREDIT CARD PROCESSING FEES
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	79.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 39			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. E-onlinedata</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>07</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		07		2011
M M	/	D D	/	Y Y Y Y								
11		07		2011								
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Portland</td> <td>ME</td> <td>04101-4928</td> </tr> </table>		City	State	Zip Code	Portland	ME	04101-4928	<table border="1"> <tr> <td>21.18</td> </tr> </table>	21.18			
City	State	Zip Code										
Portland	ME	04101-4928										
21.18												
Purpose of Disbursement Credit card processing fees		Transaction ID : E2572										
Candidate Name		Category/Type										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		CREDIT CARD PROCESSING FEES										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. E-onlinedata</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>08</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		08		2011
M M	/	D D	/	Y Y Y Y								
11		08		2011								
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Portland</td> <td>ME</td> <td>04101-4928</td> </tr> </table>		City	State	Zip Code	Portland	ME	04101-4928	<table border="1"> <tr> <td>3.99</td> </tr> </table>	3.99			
City	State	Zip Code										
Portland	ME	04101-4928										
3.99												
Purpose of Disbursement Credit card processing fees		Transaction ID : E2573										
Candidate Name		Category/Type										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		CREDIT CARD PROCESSING FEES										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. E-onlinedata</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>17</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		17		2011
M M	/	D D	/	Y Y Y Y								
11		17		2011								
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Portland</td> <td>ME</td> <td>04101-4928</td> </tr> </table>		City	State	Zip Code	Portland	ME	04101-4928	<table border="1"> <tr> <td>2.29</td> </tr> </table>	2.29			
City	State	Zip Code										
Portland	ME	04101-4928										
2.29												
Purpose of Disbursement Credit card processing fees		Transaction ID : E2574										
Candidate Name		Category/Type										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		CREDIT CARD PROCESSING FEES										
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).....	27.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 39			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. E-onlinedata</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>30</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		30		2011
M M	/	D D	/	Y Y Y Y								
11		30		2011								
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period										
City	State	Zip Code										
Portland	ME	04101-4928										
Purpose of Disbursement Credit card processing fees		<table border="1"> <tr> <td>19.44</td> </tr> </table>	19.44									
19.44												
Candidate Name		<b>Transaction ID : E2575</b>										
Office Sought:		<b>CREDIT CARD PROCESSING FEES</b>										
<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)		Date of Disbursement										
<b>B. E-onlinedata</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>02</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		02		2011
M M	/	D D	/	Y Y Y Y								
12		02		2011								
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period										
City	State	Zip Code										
Portland	ME	04101-4928										
Purpose of Disbursement Credit card processing fees		<table border="1"> <tr> <td>30.38</td> </tr> </table>	30.38									
30.38												
Candidate Name		<b>Transaction ID : E2642</b>										
Office Sought:		<b>CREDIT CARD PROCESSING FEES</b>										
<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)		Date of Disbursement										
<b>C. E-onlinedata</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>05</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		05		2011
M M	/	D D	/	Y Y Y Y								
12		05		2011								
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period										
City	State	Zip Code										
Portland	ME	04101-4928										
Purpose of Disbursement Credit card processing fees		<table border="1"> <tr> <td>1.15</td> </tr> </table>	1.15									
1.15												
Candidate Name		<b>Transaction ID : E2639</b>										
Office Sought:		<b>CREDIT CARD PROCESSING FEES</b>										
<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).....	<table border="1"> <tr> <td>50.97</td> </tr> </table>	50.97
50.97		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 39			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial) <b>A. E-onlinedata</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2011
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period 3.99
City Portland	State ME	Zip Code 04101-4928
Purpose of Disbursement Credit card processing fees	Category/Type	
Candidate Name	Transaction ID : E2640	
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)	CREDIT CARD PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) <b>B. E-onlinedata</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2011
Mailing Address 320 Cumberland Ave		Amount of Each Disbursement this Period 1.15
City Portland	State ME	Zip Code 04101-4928
Purpose of Disbursement Credit card processing fees	Category/Type	
Candidate Name	Transaction ID : E2641	
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)	CREDIT CARD PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Galveston Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2011
Mailing Address 519 25th St		Amount of Each Disbursement this Period 200.00
City Galveston	State TX	Zip Code 77550-1703
Purpose of Disbursement Dues	Category/Type	
Candidate Name	Transaction ID : E2496	
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)	DUES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	205.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 39			
	<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)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial) <b>A. Felicia Harris</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2011
Mailing Address 3112 Sumac Dr		Amount of Each Disbursement this Period 503.81
City Pearland	State TX	
Zip Code 77584-8071	Purpose of Disbursement NOTE: See below	<b>Transaction ID : E2628</b>
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)	NOTE: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Strickland Chevrolet</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2011
Mailing Address 5719 Broadway St		Amount of Each Disbursement this Period 531.25
City Pearland	State TX	
Zip Code 77581-7811	Purpose of Disbursement Car rental 11/2	<b>Transaction ID : E2629</b>
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)	<b>[MEMO ITEM]</b> MEMO: CAR RENTAL 11/2
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Felicia Harris</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2011
Mailing Address 3112 Sumac Dr		Amount of Each Disbursement this Period 327.97
City Pearland	State TX	
Zip Code 77584-8071	Purpose of Disbursement NOTE: See below	<b>Transaction ID : E2610</b>
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)	NOTE: SEE BELOW
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	831.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 39			
	<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)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial) <b>A. Schlotzskys Deli</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2011
Mailing Address 221 S Egret Bay Blvd		Amount of Each Disbursement this Period 16.06
City League City	State TX	
Zip Code 77573-2683	Purpose of Disbursement Meeting expense 10/27	Transaction ID : E2623
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)	[MEMO ITEM] MEMO: MEETING EXPENSE 10/27
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2011
Mailing Address 5 Mapleton Rd Ste 300		Amount of Each Disbursement this Period 914.85
City Princeton	State NJ	
Zip Code 08540-9646	Purpose of Disbursement Web video	Transaction ID : E2499
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)	WEB VIDEO
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address 5 Mapleton Rd Ste 300		Amount of Each Disbursement this Period 3989.95
City Princeton	State NJ	
Zip Code 08540-9646	Purpose of Disbursement Web video	Transaction ID : E2509
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)	WEB VIDEO
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4904.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 39	
	<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)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial) <b>A. Pamela Printing Company</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address 550 Julie Rivers Dr Ste 310		Amount of Each Disbursement this Period 300.94
City Sugar Land	State TX	Zip Code 77478-2846
Purpose of Disbursement Envelopes business cards	Transaction ID : E2510	
Candidate Name	Category/ Type ENVELOPES BUSINESS CARDS	
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. Pamela Printing Company</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 550 Julie Rivers Dr Ste 310		Amount of Each Disbursement this Period 535.84
City Sugar Land	State TX	Zip Code 77478-2846
Purpose of Disbursement Stationery	Transaction ID : E2535	
Candidate Name	Category/ Type STATIONERY	
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. Republican Party of Texas</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2011
Mailing Address 1108 Lavaca St Ste 500		Amount of Each Disbursement this Period 3125.00
City Austin	State TX	Zip Code 78701-2125
Purpose of Disbursement Filing fees	Transaction ID : E2647	
Candidate Name	Category/ Type FILING FEES	
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).....	3961.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 39			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial) <b>A. Schlotzskys Deli</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address 221 S Egret Bay Blvd			Amount of Each Disbursement this Period 91.98
City League City	State TX	Zip Code 77573-2683	
Purpose of Disbursement Office expense / volunteers		Category/ Type	<b>Transaction ID : E2558</b>
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)		<b>OFFICE EXPENSE / VOLUNTEERS</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Schlotzskys Deli</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2011
Mailing Address 221 S Egret Bay Blvd			Amount of Each Disbursement this Period 102.81
City League City	State TX	Zip Code 77573-2683	
Purpose of Disbursement Office expense / volunteers		Category/ Type	<b>Transaction ID : E2559</b>
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)		<b>OFFICE EXPENSE / VOLUNTEERS</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Strickland Chevrolet</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address 5719 Broadway St			Amount of Each Disbursement this Period 531.25
City Pearland	State TX	Zip Code 77581-7811	
Purpose of Disbursement Auto rental		Category/ Type	<b>Transaction ID : E2548</b>
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)		<b>AUTO RENTAL</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	726.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 39			
	<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)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sweet Action Creative LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2011
Mailing Address 2626 Harney St			Amount of Each Disbursement this Period 1500.00
City Omaha	State NE	Zip Code 68131-3621	
Purpose of Disbursement Video		Category/ Type	<b>Transaction ID : E2606</b>
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)		VIDEO
State: District:			

Full Name (Last, First, Middle Initial) <b>B. The Prosper Group</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2011
Mailing Address 435 E Main St Ste 250			Amount of Each Disbursement this Period 3145.19
City Greenwood	State IN	Zip Code 46143-1464	
Purpose of Disbursement Utilities / Phone system		Category/ Type	<b>Transaction ID : E2480</b>
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)		UTILITIES / PHONE SYSTEM
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Mr. Tyler Threadgill</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2011
Mailing Address 1504 Columbia Rd NW			Amount of Each Disbursement this Period 2833.22
City Washington	State DC	Zip Code 20009-4214	
Purpose of Disbursement Consultant		Category/ Type	<b>Transaction ID : E2646</b>
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)		CONSULTANT
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7478.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 39			
	<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)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Tyler Threadgill</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 1504 Columbia Rd NW		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20009-4214	Purpose of Disbursement Consultant	
Candidate Name	Category/Type	<b>Transaction ID : E2500</b>
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)	CONSULTANT	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Tyler Threadgill</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2011
Mailing Address 1504 Columbia Rd NW		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20009-4214	Purpose of Disbursement Consultant	
Candidate Name	Category/Type	<b>Transaction ID : E2536</b>
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)	CONSULTANT	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Upstream Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2011
Mailing Address 1609 Shoal Creek Blvd Ste 203		Amount of Each Disbursement this Period 139.50
City Austin State TX Zip Code 78701-1022	Purpose of Disbursement Credit card fees	
Candidate Name	Category/Type	<b>Transaction ID : E2492</b>
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)	CREDIT CARD FEES	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10139.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 39			
	<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)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial) <b>A. Upstream Communications</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2011</b>
Mailing Address 1609 Shoal Creek Blvd Ste 203		Amount of Each Disbursement this Period <b>279.00</b>
City Austin State TX Zip Code 78701-1022	Purpose of Disbursement Processing fees	<b>Transaction ID : E2491</b>
Candidate Name	Category/Type	<b>PROCESSING FEES</b>
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. Upstream Communications</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2011</b>
Mailing Address 1609 Shoal Creek Blvd Ste 203		Amount of Each Disbursement this Period <b>10996.41</b>
City Austin State TX Zip Code 78701-1022	Purpose of Disbursement Website	<b>Transaction ID : E2498</b>
Candidate Name	Category/Type	<b>WEBSITE</b>
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. VoiceShot</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2011</b>
Mailing Address		Amount of Each Disbursement this Period <b>125.00</b>
City State Zip Code	Purpose of Disbursement Robocalls	<b>Transaction ID : E2553</b>
Candidate Name	Category/Type	<b>ROBOCALLS</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>11400.41</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 39			
	<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)  
**Felicia Harris for Congress**

Full Name (Last, First, Middle Initial) <b>A. VoiceShot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2011
Mailing Address		Amount of Each Disbursement this Period 200.00
City	State Zip Code	
Purpose of Disbursement Robocalls	Candidate Name	<b>Transaction ID : E2554</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	ROBOCALLS

Full Name (Last, First, Middle Initial) <b>B. VoiceShot</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2011
Mailing Address		Amount of Each Disbursement this Period 250.00
City	State Zip Code	
Purpose of Disbursement Robocalls	Candidate Name	<b>Transaction ID : E2576</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	ROBOCALLS

Full Name (Last, First, Middle Initial) <b>c. Voter History</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2011
Mailing Address 15915 Oak Mountain Dr		Amount of Each Disbursement this Period 1500.00
City	State Zip Code	
Houston TX 77095-3689		<b>Transaction ID : E2479</b>
Purpose of Disbursement Software	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:	Category/Type	SOFTWARE

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1950.00
<b>TOTAL</b> This Period (last page this line number only).....	54380.92

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LSC6116

Felicia Harris for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Felicia Harris PERSONAL FUND

Primary  
 General  
 Other (specify) ▼

Mailing Address  
3112 Sumac Drive

City State ZIP Code  
Pearland TX 77584-

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

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 09 / D 30 / Y 2011 M M / D D / ONDEMAND 0.00 % (apr)  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 50000.00  
**TOTALS** This Period (last page in this line only)..... ▶

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

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

NAME OF COMMITTEE (In Full) **Felicia Harris for Congress** Transaction ID : **LSC6181**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Felicia Harris PERSONAL FUND Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 3112 Sumac Drive  
 City State ZIP Code  
 Pearland TX 77584-

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

**TERMS**  
 Date Incurred: M 12 / D 31 / Y 2011 Date Due: M 12 / D 31 / Y 2011 Interest Rate: 0.00 % (apr) Secured:  Yes  No

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

1. Full Name (Last, First, Middle Initial) Felicia Harris PERSONAL FUND	Name of Employer Candidate
Mailing Address 3112 Sumac Drive	Occupation Candidate
City State ZIP Code Pearland TX 77584-	Amount Guaranteed Outstanding: 0.00 <b>Transaction ID : LBC6181</b>
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).....	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	100000.00

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