

# 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

Thomas Massie for Congress

ADDRESS (number and street) ▼

PO Box 821

Check if different than previously reported. (ACC)

Newport

KY

41072

2. **FEC IDENTIFICATION NUMBER** ▼

C C00509729

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

KY

04

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  /  /  in the State of

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

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Kevin Broghamer

Signature of Treasurer Kevin Broghamer

[Electronically Filed]

Date

/  /

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								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Thomas Massie 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)) ....	12060.16	12410.16
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	12060.16	12410.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	18745.22	70339.95
(b) Total Offsets to Operating Expenditures (from Line 14) .....	1500	1700
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	17245.22	68639.95
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	197089.2	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	

**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

**Thomas Massie for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10900	11200
(ii) Unitemized.....	160.16	210.16
(iii) TOTAL of contributions from individuals ▶	11060.16	11410.16
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	1000	1000
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	12060.16	12410.16
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1500	1700
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0	0
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	13560.16	14110.16

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18745.22	70339.95
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	0	0
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	18745.22	70339.95

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	202274.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13560.16
25. SUBTOTAL (add Line 23 and Line 24).....	215834.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18745.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	197089.2

**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 22
	<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	

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)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Edward Bessler**

Mailing Address 8 Rosemont Drive

City State Zip Code  
Crestview Hills KY 41017-2214

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

Name of Employer Occupation  
New Horizon Inc. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 13 / 2015**

**Transaction ID : A-CF6452**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 1 Hughes Center Drive  
Unit 1904

City State Zip Code  
Las Vegas NV 89169-6722

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

Name of Employer Occupation  
College Loan Corporation Board Member

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 20 / 2015**

**Transaction ID : A-CF6459**

Amount of Each Receipt this Period  
**5200**

Reattribution/Redesignation requested

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

Mailing Address 1 Hughes Center Drive  
Unit 1904

City State Zip Code  
Las Vegas NV 89169-6722

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

Name of Employer Occupation  
College Loan Corporation Board Member

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 18 / 2015**

**Transaction ID : A-MCNF109**

Amount of Each Receipt this Period  
**-2500**

Redesignation from Primary  
**[MEMO ITEM]**

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

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

**5700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	12	13a	13b	14	15

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Cary Katz**

Mailing Address 1 Hughes Center Drive  
Unit 1904

City Las Vegas State NV Zip Code 89169-6722

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

Name of Employer College Loan Corporation Occupation Board Member

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 18 / 2015**

**Transaction ID : A-MCNF110**

Amount of Each Receipt this Period  
**2500**

Redesignation to General

**[MEMO ITEM]**

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

Mailing Address 308 Sawgrass Lane

City Broussard State LA Zip Code 70518-6149

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2015**

**Transaction ID : A-CF6511**

Amount of Each Receipt this Period  
**2600**

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

Mailing Address 308 Sawgrass Lane

City Broussard State LA Zip Code 70518-6149

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2015**

**Transaction ID : A-CF6510**

Amount of Each Receipt this Period  
**2600**

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

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

**5200.00**

**10900.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Club for Growth**

Mailing Address 2001 L Street NW  
Suite 600

City Washington State DC Zip Code 20036-4967

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : A-OF6524**

Amount of Each Receipt this Period  
1500

Refund: Registration Fee/Travel

**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).....

1500.00

1500.00

**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 9 OF 22			
	<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)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chase Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 270 Park Avenue Floor 12		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-6431</b>
City New York	State NY	
Zip Code 10017	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Aristotle International, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650 <b>Transaction ID : B-E-6447</b>
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Compliance Software	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ben Keeling Photography</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 106 E Main Street		Amount of Each Disbursement this Period 420 <b>Transaction ID : B-E-6426</b>
City Richmond	State KY	
Zip Code 40475-1647	Purpose of Disbursement Photography	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1120.00
<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 10 OF 22			
	<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)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Broghamer Consulting LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 2002.95 <b>Transaction ID : B-E-6434</b>
City Newport	State KY	
Zip Code 41071-2006	Purpose of Disbursement Compliance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CanDo Politics</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 20 W 11th Street Suite 200		Amount of Each Disbursement this Period 115 <b>Transaction ID : B-E-6435</b>
City Covington	State KY	
Zip Code 41011-4112	Purpose of Disbursement Website Hosting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. District City Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 1217 Delafield Place NW		Amount of Each Disbursement this Period 250 <b>Transaction ID : B-E-6436</b>
City Washington	State DC	
Zip Code 20011-4417	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2367.95
<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 11 OF 22			
	<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)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 557.2 <b>Transaction ID : B-E-6445</b>
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Congressional Institute</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 1700 Diagonal Road Suite 730		Amount of Each Disbursement this Period 1127 <b>Transaction ID : B-E-6444</b>
City Alexandria	State VA	
Zip Code 22314-2843	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Paycor Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 40 <b>Transaction ID : B-E-6455</b>
City Cincinnati	State OH	
Zip Code 45203-1734	Purpose of Disbursement Payroll Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1724.20
<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 12 OF 22	
	<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)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. MailChimp</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2015
Mailing Address 512 Means Street NW Suite 404		Amount of Each Disbursement this Period 75 <b>Transaction ID : B-E-6463</b>
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Hank's Oyster Bar</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2015
Mailing Address 1624 Q Street NW		Amount of Each Disbursement this Period 139.8 <b>Transaction ID : B-E-6465</b>
City Washington State DC Zip Code 20009-6354	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Chase Bank</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 270 Park Avenue Floor 12		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-6474</b>
City New York State NY Zip Code 10017	Purpose of Disbursement Bank Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.80
<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 13 OF 22			
	<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)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Broghamer Consulting LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2015
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 2023.28 <b>Transaction ID : B-E-6462</b>
City Newport	State KY	
Zip Code 41071-2006	Purpose of Disbursement Compliance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CanDo Politics</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2015
Mailing Address 20 W 11th Street Suite 200		Amount of Each Disbursement this Period 115 <b>Transaction ID : B-E-6467</b>
City Covington	State KY	
Zip Code 41011-4112	Purpose of Disbursement Website Hosting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2015
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 648.2 <b>Transaction ID : B-E-6478</b>
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2786.48
<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 14 OF 22	
	<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)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lewis County Republican Party</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2015
Mailing Address PO Box 511		Amount of Each Disbursement this Period 240 <b>Transaction ID : B-E-6460</b>
City Vanceburg	State KY	
Zip Code 41179-0511	Purpose of Disbursement Event Tickets	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Spencer County Republican Party</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2015
Mailing Address 379 Airport Road		Amount of Each Disbursement this Period 215 <b>Transaction ID : B-E-6461</b>
City Taylorsville	State KY	
Zip Code 40071-9515	Purpose of Disbursement Event Tickets	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 636.2 <b>Transaction ID : B-E-6470</b>
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1091.20
<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 15 OF 22			
	<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)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Club for Growth</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 2001 L Street NW Suite 600		Amount of Each Disbursement this Period 1500 <b>Transaction ID : B-E-6523</b>
City Washington State DC Zip Code 20036-4967	Purpose of Disbursement Registration Fee/Travel Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Clyde's Of Georgetown</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2015
Mailing Address 3236 M Street NW		Amount of Each Disbursement this Period 239.1 <b>Transaction ID : B-E-6477</b>
City Washington State DC Zip Code 20007-3615	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Hank's Oyster Bar</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2015
Mailing Address 1624 Q Street NW		Amount of Each Disbursement this Period 135.95 <b>Transaction ID : B-E-6479</b>
City Washington State DC Zip Code 20009-6354	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1875.05
<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 16 OF 22			
	<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)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paycor Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 43.5 <b>Transaction ID : B-E-6481</b>
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Service	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle International, Inc</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650 <b>Transaction ID : B-E-6482</b>
City Washington	State DC Zip Code 20003-1164	
Purpose of Disbursement Compliance Software	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 408.06 <b>Transaction ID : B-E-6486</b>
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1101.56
<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 17 OF 22	
	<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)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Charlie Palmer Steak</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2015
Mailing Address 420 Lexington Avenue Room 850		Amount of Each Disbursement this Period 33.6 <b>Transaction ID : B-E-6487</b>
City New York State NY Zip Code 10170-0033	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Charlie Palmer Steak</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2015
Mailing Address 420 Lexington Avenue Room 850		Amount of Each Disbursement this Period 285.85 <b>Transaction ID : B-E-6488</b>
City New York State NY Zip Code 10170-0033	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. MailChimp</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address 512 Means Street NW Suite 404		Amount of Each Disbursement this Period 75 <b>Transaction ID : B-E-6489</b>
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	394.45
<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 18 OF 22	
	<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)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chase Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 270 Park Avenue Floor 12		Amount of Each Disbursement this Period ..... 50
City New York	State NY	
Zip Code 10017	Purpose of Disbursement Bank Fee	<b>Transaction ID : B-E-6494</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Breakers Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 1 S County Road		Amount of Each Disbursement this Period ..... 532
City Palm Beach	State FL	
Zip Code 33480-4023	Purpose of Disbursement Travel	<b>Transaction ID : B-E-6491</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Broghamer Consulting LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period ..... 1755.19
City Newport	State KY	
Zip Code 41071-2006	Purpose of Disbursement Compliance Consulting	<b>Transaction ID : B-E-6485</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 2337.19
<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 22	
	<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)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. CanDo Politics</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 20 W 11th Street Suite 200		Amount of Each Disbursement this Period 115 <b>Transaction ID : B-E-6490</b>
City Covington State KY Zip Code 41011-4112	Purpose of Disbursement Website Hosting 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fourth District GOP Committee Of Kentucky</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 100 Ridge Hill Drive		Amount of Each Disbursement this Period 840 <b>Transaction ID : B-E-6483</b>
City Highland Heights State KY Zip Code 41076-1613	Purpose of Disbursement Event Tickets 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
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 03 / 04 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650 <b>Transaction ID : B-E-6496</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Compliance Software 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1605.00
<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 20 OF 22			
	<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)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shelby County Republican Party</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1881 Veechdale Road			Amount of Each Disbursement this Period 480 <b>Transaction ID : B-E-6498</b>
City Simpsonville	State KY	Zip Code 40067-7641	
Purpose of Disbursement Event Tickets		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Paycor Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 644 Linn Street Suite 200			Amount of Each Disbursement this Period 40 <b>Transaction ID : B-E-6503</b>
City Cincinnati	State OH	Zip Code 45203-1734	
Purpose of Disbursement Payroll Service		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 300 1st Street SE			Amount of Each Disbursement this Period 250.81 <b>Transaction ID : B-E-6506</b>
City Washington	State DC	Zip Code 20003-1801	
Purpose of Disbursement Food/Beverage		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	770.81
<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 22			
	<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)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hank's Oyster Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 1624 Q Street NW		Amount of Each Disbursement this Period 146.3 <b>Transaction ID : B-E-6505</b>
City Washington State DC Zip Code 20009-6354	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ted'S Bulletin</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 505 8th Street SE		Amount of Each Disbursement this Period 220.92 <b>Transaction ID : B-E-6507</b>
City Washington State DC Zip Code 20003-2835	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Hank's Oyster Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 1624 Q Street NW		Amount of Each Disbursement this Period 119 <b>Transaction ID : B-E-6509</b>
City Washington State DC Zip Code 20009-6354	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	486.22
<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 22	
	<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)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. MailChimp</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 27 / 2015</b>
Mailing Address 512 Means Street NW Suite 404		Amount of Each Disbursement this Period <b>75</b> <b>Transaction ID : B-E-6512</b>
City Atlanta	State GA	
Zip Code 30318-5788	Purpose of Disbursement Software	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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).....	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>17999.91</b>