

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

15 APR 20 AM 11:31

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

MELUSKEY FOR US SENATE INC

ADDRESS (number and street)

26100 N 82ND ST

Check if different than previously reported. (ACC)

SCOTTSDALE

AZ

85255

2. FEC IDENTIFICATION NUMBER

C00574350

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

CITY STATE ZIP CODE STATE DISTRICT

AZ

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the State of

5. Covering Period

M M / 01

D D / 01

Y Y Y Y Y Y / 2015

through

M M / 03

D D / 31

Y Y Y Y Y Y / 2015

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 Julianne Ryan

Signature of Treasurer

Julianne Ryan

Handwritten signature of Julianne Ryan

Date

04 /

14 /

2015

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

Table with 10 columns and 1 row, labeled 'Office Use Only'.

FEC FORM 3 (Revised 02/2003)

15020151064

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MELUSKEY FOR US SENATE INC

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)) ...	13340.32	13340.32
(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)) ...	13340.32	13340.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	39037.87	39037.87
(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))...	39037.87	39037.87
8. Cash on Hand at Close of Reporting Period (from Line 27)...	12302.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...	38000.00	

For further information contact:

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

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

15020151065

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

MELUSKEY FOR US SENATE INC

Report Covering the Period: From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	1	5

 To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	5

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)...	13300.00	13300.00
(ii) Unitemized.....	40.32	40.32
(iii) TOTAL of contributions from individuals .	13340.32	13340.32
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13340.32	13340.32
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	38000.00	38000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	38000.00	38000.00
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)...	51340.32	51340.32

15020151066

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	39037.87	39037.87
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	39037.87	39037.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	51340.32
25. SUBTOTAL (add Line 23 and Line 24)...	51340.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	39037.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	12302.45

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 19		
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
MELUSKEY FOR US SENATE INC

A. Full Name (Last, First, Middle Initial) Laura Bailey		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 2163 Hospital St.		Transaction ID : SA11AI.4108
City Christiansted	State VI	Zip Code 00820
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00
Name of Employer Hope Hospital	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

B. Full Name (Last, First, Middle Initial) Kimberly de Flesco		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 555 W. 23rd St S9M		Transaction ID : SA11AI.4122
City New York	State NY	Zip Code 10011
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer Directv	Occupation Sales	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) William Doyle		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 9653 E. Sidewinder Trl		Transaction ID : SA11AI.4118
City Scottsdale	State AZ	Zip Code 85262
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	[]

15020151068

**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 19	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MELUSKEY FOR US SENATE INC

A. Full Name (Last, First, Middle Initial)
Benjamin Meluskey

Mailing Address 1255 N. Gulfstream Ave
Apt. 1002

City Sarasota State FL Zip Code 34236

FEC ID number of contributing federal political committee.

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2015

Transaction ID : SA11A1.4114

Amount of Each Receipt this Period

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

Mailing Address PO Box 26904

City Christiansted State VI Zip Code 00824

FEC ID number of contributing federal political committee.

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : SA11A1.4110

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
Jack Mollin

Mailing Address 36219 N. Peaceful Ln

City Scottsdale State AZ Zip Code 85262

FEC ID number of contributing federal political committee.

Name of Employer HSRC Occupation Banking

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 06 / 2015

Transaction ID : SA11A1.4104

Amount of Each Receipt this Period

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

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

15020151069

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<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)
MELUSKEY FOR US SENATE INC

A. Full Name (Last, First, Middle Initial)
Daniel Oscislawski

Mailing Address 10763 Raintree Dr.

City Scottsdale	State AZ	Zip Code 85255
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FEC ID number of contributing federal political committee. **C**

Name of Employer Medaire	Occupation HVAC
-----------------------------	--------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 14 / 2015

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mark Sander

Mailing Address 210 Central Park South
Apt. 46

City New York	State NY	Zip Code 10019
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 02 / 2015

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Joseph Scherzer

Mailing Address 5238 E. Via Los Coballes

City Paradise Valley	State AZ	Zip Code 85253
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 07 / 2015

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period
500.00

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

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

1750.00

15020151070

**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 19
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MELUSKEY FOR US SENATE INC

A. Full Name (Last, First, Middle Initial)
Lynn Silan

Mailing Address 10495 E. White Feather Ln

City State Zip Code
Scottsdale AZ 85262

FEC ID number of contributing federal political committee.

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2015

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

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.

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).....

15020151071

**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 19

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

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NAME OF COMMITTEE (In Full)
MELUSKEY FOR US SENATE INC

A. Full Name (Last, First, Middle Initial)
Alexander Meluskey

Mailing Address 26100 N. 82nd St

City Scottsdale	State AZ	Zip Code 85253
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. C

Name of Employer Meluskey for US Senate	Occupation Candidate
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
38000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2015

Transaction ID : SA13A.4128

Amount of Each Receipt this Period
38000.00

Loan from Candidate

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 M / D 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).....

38000.00

38000.00

15020151072

**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)

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

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NAME OF COMMITTEE (In Full)
MELUSKEY FOR US SENATE INC

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 03 / 10 / 2015
Mailing Address PO BOX 81226		Amount of Each Disbursement this Period 189.64 Transaction ID : SB17.4205
City SEATTLE	State WA	
Purpose of Disbursement Office Expense	Category/ Type 001	
Candidate Name MELUSKEY FOR US SENATE INC		
Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ	District:	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 03 / 14 / 2015
Mailing Address PO BOX 81226		Amount of Each Disbursement this Period 198.87 Transaction ID : SB17.4207
City SEATTLE	State WA	
Purpose of Disbursement Office Expense	Category/ Type 001	
Candidate Name MELUSKEY FOR US SENATE INC		
Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ	District:	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement MM / DD / YYYY 03 / 14 / 2015
Mailing Address PO BOX 81226		Amount of Each Disbursement this Period 208.73 Transaction ID : SB17.4208
City SEATTLE	State WA	
Purpose of Disbursement Office Expense	Category/ Type 001	
Candidate Name MELUSKEY FOR US SENATE INC		
Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ	District:	

SUBTOTAL of Disbursements This Page (optional).....	597.24
TOTAL This Period (last page this line number only).....	

15020151073

**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)

<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)
MELUSKEY FOR US SENATE INC

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 03 / 14 / 2015
Mailing Address PO BOX 81226		Amount of Each Disbursement this Period 41.86 Transaction ID : SB17.4211
City SEATTLE	State WA	
Zip Code 98108	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name MELUSKEY FOR US SENATE INC	Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ District:	

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 03 / 20 / 2015
Mailing Address PO BOX 81226		Amount of Each Disbursement this Period 12.62 Transaction ID : SB17.4215
City SEATTLE	State WA	
Zip Code 98108	Purpose of Disbursement Research	Category/ Type 001
Candidate Name MELUSKEY FOR US SENATE INC	Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ District:	

Full Name (Last, First, Middle Initial) C. Amer. Cons. Washington		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 1501 TAYLOR WAY		Amount of Each Disbursement this Period 850.00 Transaction ID : SB17.4186
City TACOMA	State WA	
Zip Code 98421	Purpose of Disbursement Convention Fees	Category/ Type 007
Candidate Name MELUSKEY FOR US SENATE INC	Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ District:	

SUBTOTAL of Disbursements This Page (optional).....	904.48
TOTAL This Period (last page this line number only).....	

15020151074

**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 19	
	<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)
MELUSKEY FOR US SENATE INC

Full Name (Last, First, Middle Initial) A. Budget		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address 7047 E. Greenway Pkwy		Amount of Each Disbursement this Period 353.82 Transaction ID : SB17.4175
City SCOTTSDALE	State AZ	
Purpose of Disbursement Rental Car		Category/ Type 002
Candidate Name MELUSKEY FOR US SENATE INC		
Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ	District:	

Full Name (Last, First, Middle Initial) B. CNP Admission		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 2401 E CAMELBACK RD		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4143
City PHOENIX	State AZ	
Purpose of Disbursement Convention Fees		Category/ Type 007
Candidate Name MELUSKEY FOR US SENATE INC		
Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ	District:	

Full Name (Last, First, Middle Initial) C. Constantine Financial Services, Inc.		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 2961-A Hunter Mill Road Suite 808		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4230
City Oakton	State VA	
Purpose of Disbursement Accounting		Category/ Type 001
Candidate Name MELUSKEY FOR US SENATE INC		
Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ	District:	

SUBTOTAL of Disbursements This Page (optional).....	3603.82
TOTAL This Period (last page this line number only).....	

15020151075

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

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NAME OF COMMITTEE (In Full)
MELUSKEY FOR US SENATE INC

Full Name (Last, First, Middle Initial) A. Delta		Date of Disbursement MM / DD / YYYY 02 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 2493.60 Transaction ID : SB17.4148
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement Travel 002 Category/Type	
Candidate Name MELUSKEY FOR US SENATE INC	Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ District:		

Full Name (Last, First, Middle Initial) B. Eventbrite		Date of Disbursement MM / DD / YYYY 03 / 20 / 2015
Mailing Address 500 E VETERANS WAY		Amount of Each Disbursement this Period 1058.96 Transaction ID : SB17.4213
City TEMPE State AZ Zip Code 85287	Purpose of Disbursement Convention Fees 007 Category/Type	
Candidate Name MELUSKEY FOR US SENATE INC	Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ District:		

Full Name (Last, First, Middle Initial) C. Expedia		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 333 108TH AVE NE		Amount of Each Disbursement this Period 589.20 Transaction ID : SB17.4145
City BELLEVUE State WA Zip Code 98004	Purpose of Disbursement Travel 002 Category/Type	
Candidate Name MELUSKEY FOR US SENATE INC	Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ District:		

SUBTOTAL of Disbursements This Page (optional).....	4141.76
TOTAL This Period (last page this line number only).....	

15020151076

**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)

<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)
MELUSKEY FOR US SENATE INC

Full Name (Last, First, Middle Initial) A. Fairfiled Inn		Date of Disbursement MM / DD / YYYY 02 / 18 / 2015
Mailing Address 13440 N SCOTTSDALE		Amount of Each Disbursement this Period 758.34 Transaction ID : SB17.4158
City SCOTTSDALE	State AZ	
Purpose of Disbursement Travel	Category/ Type 002	
Candidate Name MELUSKEY FOR US SENATE INC		
Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ	District:	

Full Name (Last, First, Middle Initial) B. Gaylord		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address 201 WATERFRONT STREET		Amount of Each Disbursement this Period 777.33 Transaction ID : SB17.4193
City NATIONAL HARBOR	State MD	
Purpose of Disbursement Hotel	Category/ Type 002	
Candidate Name MELUSKEY FOR US SENATE INC		
Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ	District:	

Full Name (Last, First, Middle Initial) c. Gaylord		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address 201 WATERFRONT STREET		Amount of Each Disbursement this Period 6316.10 Transaction ID : SB17.4194
City NATIONAL HARBOR	State MD	
Purpose of Disbursement Campaign Meeting	Category/ Type 007	
Candidate Name MELUSKEY FOR US SENATE INC		
Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ	District:	

SUBTOTAL of Disbursements This Page (optional).....	7851.77
TOTAL This Period (last page this line number only).....	

15020151077

**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 19

<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)
MELUSKEY FOR US SENATE INC

Full Name (Last, First, Middle Initial) A. Gaylord		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address 201 WATERFRONT STREET		Amount of Each Disbursement this Period 632.91 Transaction ID : SB17.4195
City NATIONAL HARBOR	State MD	
Zip Code 20745	Purpose of Disbursement Hotel	Category/ Type 002
Candidate Name MELUSKEY FOR US SENATE INC	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District:	

Full Name (Last, First, Middle Initial) B. Liberty Promotional Services, Inc.		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 7047 E. Greenway Pkwy Suite 250		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4137
City Scottsdale	State AZ	
Zip Code 85254	Purpose of Disbursement Remuneration	Category/ Type 001
Candidate Name MELUSKEY FOR US SENATE INC	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District:	

Full Name (Last, First, Middle Initial) C. Liberty Promotional Services, Inc.		Date of Disbursement MM / DD / YYYY 02 / 24 / 2015
Mailing Address 7047 E. Greenway Pkwy Suite 250		Amount of Each Disbursement this Period 483.07 Transaction ID : SB17.4180
City Scottsdale	State AZ	
Zip Code 85254	Purpose of Disbursement Printing	Category/ Type 006
Candidate Name MELUSKEY FOR US SENATE INC	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District:	

SUBTOTAL of Disbursements This Page (optional).....	3615.98
TOTAL This Period (last page this line number only).....	

15020151078

**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 19

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

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NAME OF COMMITTEE (In Full)
MELUSKEY FOR US SENATE INC

Full Name (Last, First, Middle Initial) A. Liberty Promotional Services, Inc.		Date of Disbursement MM / DD / YYYY 03 / 20 / 2015
Mailing Address 7047 E. Greenway Pkwy Suite 250		Amount of Each Disbursement this Period 2602.41 Transaction ID : SB17.4214
City Scottsdale	State AZ	
Zip Code 85254	Purpose of Disbursement Printing	Category/ Type 006
Candidate Name MELUSKEY FOR US SENATE INC	Disbursement For: 2016	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ	District:	

Full Name (Last, First, Middle Initial) B. Liberty Promotional Services, Inc.		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address 7047 E. Greenway Pkwy Suite 250		Amount of Each Disbursement this Period 1209.34 Transaction ID : SB17.4224
City Scottsdale	State AZ	
Zip Code 85254	Purpose of Disbursement Printing	Category/ Type 006
Candidate Name MELUSKEY FOR US SENATE INC	Disbursement For: 2016	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ	District:	

Full Name (Last, First, Middle Initial) C. Liberty Promotional Services, Inc.		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 7047 E. Greenway Pkwy Suite 250		Amount of Each Disbursement this Period 4500.00 Transaction ID : SB17.4231
City Scottsdale	State AZ	
Zip Code 85254	Purpose of Disbursement Remuneration	Category/ Type 001
Candidate Name MELUSKEY FOR US SENATE INC	Disbursement For: 2016	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ	District:	

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

8311.75

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

15020151079

**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 19			
	<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)
MELUSKEY FOR US SENATE INC

Full Name (Last, First, Middle Initial) A. Liberty Promotional Services, Inc.		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 7047 E. Greenway Pkwy Suite 250		Amount of Each Disbursement this Period 2000.00
City State Zip Code Scottsdale AZ 85254	Purpose of Disbursement Remuneration	Transaction ID : SB17.4232
Candidate Name MELUSKEY FOR US SENATE INC	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ District:		

Full Name (Last, First, Middle Initial) B. Ritz Carlton		Date of Disbursement MM / DD / YYYY 02 / 22 / 2015
Mailing Address 2401 E CAMELBACK RD		Amount of Each Disbursement this Period 4049.50
City State Zip Code PHOENIX AZ 85016	Purpose of Disbursement Campaign Meeting	Transaction ID : SB17.4173
Candidate Name MELUSKEY FOR US SENATE INC	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ District:		

Full Name (Last, First, Middle Initial) c. Robert Morris Group, Inc.		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address 7047 E. Greenway Pkwy SUITE 250		Amount of Each Disbursement this Period 300.00
City State Zip Code SCOTTSDALE AZ 85254	Purpose of Disbursement Office Supplies	Transaction ID : SB17.4223
Candidate Name MELUSKEY FOR US SENATE INC	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ District:		

SUBTOTAL of Disbursements This Page (optional).....	6349.50
TOTAL This Period (last page this line number only).....	

15020151080

**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 19	
	<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)
MELUSKEY FOR US SENATE INC

Full Name (Last, First, Middle Initial) A. Robert Morris Group, Inc.		Date of Disbursement MM / DD / YYYY 03 / 30 / 2015	
Mailing Address 7047 E. Greenway Pkwy SUITE 250		Amount of Each Disbursement this Period 1000.00	
City SCOTTSDALE	State AZ	Zip Code 85254	Transaction ID : SB17.4228
Purpose of Disbursement Remuneration		Category/ Type 001	
Candidate Name MELUSKEY FOR US SENATE INC		Disbursement For: 2016	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: AZ	District:		

Full Name (Last, First, Middle Initial) B. Well Suited		Date of Disbursement MM / DD / YYYY 02 / 24 / 2015	
Mailing Address 6208 N N SCOTTSDALE RD		Amount of Each Disbursement this Period 464.02	
City PARADISE VALLEY	State AZ	Zip Code 85266	Transaction ID : SB17.4179
Purpose of Disbursement Office Expense		Category/ Type 001	
Candidate Name MELUSKEY FOR US SENATE INC		Disbursement For: 2016	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: AZ	District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	Transaction ID :
Purpose of Disbursement		Category/ Type	
Candidate Name		Disbursement For:	
Office Sought: <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:		

SUBTOTAL of Disbursements This Page (optional).....	1464.02
TOTAL This Period (last page this line number only).....	36840.32

15020151081

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)
MELUSKEY FOR US SENATE INC

Transaction ID : SC/10.4128

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]**

Alexander Meluskey

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
26100 N. 82nd St

City State ZIP Code
Scottsdale AZ 85253

Original Amount of Loan 38000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 38000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 03 / D 10 / Y 2015
Date Due: M M / D D / Y 12/31/16
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)	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).....	▶ 38000.00
TOTALS This Period (last page in this line only) ..	▶ 38000.00

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

15020151082

82nd St
e 85255

FIRST CLASS

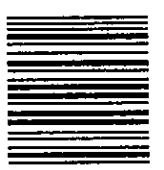
FIRST CLASS

FIRST CLASS

FIRST CLASS



1000



20013

U.S. POSTAGE
PAID
ATLANTA, GA
APR 14 15
PMOUNT
\$1.61
00022305-07

First Class Mail
First Class Mail

Secretary of the State
Office of Public Records
P. O. Box 77578
Washington, DC 20013-7578

SCREENED
BY THE SENATE
POST OFFICE

FIRST CLASS

FIRST CLASS

FIRST CLASS

58015102051

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt

4/20/15 4/14/15
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE POSTMARK

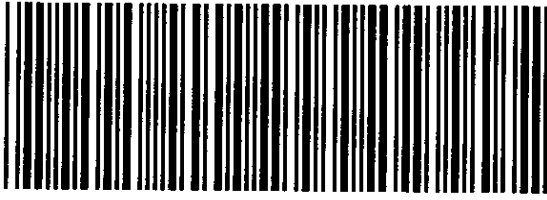
FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

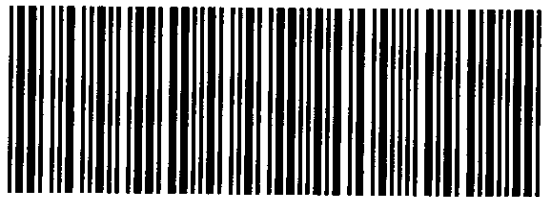
PREPARER MN DATE PREPARED 4/20/15

2/28/2015

15020151084



SEN PATCH



SEN PATCH

15020151085