

# 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

Canary Fund

ADDRESS (number and street) ▼

PO Box 15293

Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00555342

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OH

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2016

through

M M / D D / Y Y Y Y  
06 / 30 / 2016

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 Judith Zamore

Signature of Treasurer Judith Zamore

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
07 / 15 / 2016

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

Write or Type Committee Name  
**Canary Fund**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 21500.00                | 247020.00                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 21500.00                | 247020.00                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 5233.22                 | 63309.20                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 5233.22                 | 63309.20                           |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 23850.80                |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 0.00                    |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Canary Fund**

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

| I. RECEIPTS   | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:  |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                    |
| (i) Itemized (use Schedule A).....  | 3000.00                       | 103000.00                          |
| (ii) Unitemized.....  | 0.00                          | 1920.00                            |
| (iii) TOTAL of contributions from individuals ▶   | 3000.00                       | 104920.00                          |
| (b) Political Party Committees.....   | 0.00                          | 0.00                               |
| (c) Other Political Committees (such as PACs).....  | 18500.00                      | 142100.00                          |
| (d) The Candidate.....  | 0.00                          | 0.00                               |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..              | 21500.00                      | 247020.00                          |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....  | 0.00                          | 0.00                               |
| 13. LOANS:  |                               |                                    |
| (a) Made or Guaranteed by the Candidate.....  | 0.00                          | 0.00                               |
| (b) All Other Loans.....  | 0.00                          | 0.00                               |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....  | 0.00                          | 0.00                               |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....                                | 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)..... ▶ | 21500.00                      | 247020.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 5233.22                       | 63309.20                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 159860.00                          |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 5233.22                       | 223169.20                          |

**III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 7584.02  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 21500.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 29084.02 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 5233.22  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 23850.80 |

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

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

**A.** Full Name (Last, First, Middle Initial)  
**Carolyn Hobson**

Mailing Address 5001 Indigo Bay Blvd  
Unit 202

City Estero State FL Zip Code 33928-7958

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

Name of Employer Not Employed Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2016

**Transaction ID : C6640811**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 3104 33rd Place NW

City Washington State DC Zip Code 20008

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

Name of Employer Royal Bank of Canada Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2016

**Transaction ID : C6587332**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1341 G St NW  
Ste 1100

City Washington State DC Zip Code 20005-3105

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

Name of Employer Mehlman Vogel Castagnetti Inc Occupation Government Relations

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : C6660654A**

Amount of Each Receipt this Period  
1000.00

Memo Item

\* Earmarked Contribution: See Below

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

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation **Conduit total listed in Agg. field**

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : C6660654AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000.00**

Memo Item

Note: Above Contribution earmarked through this organization.

**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 M / D D D / Y Y Y Y Y Y  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period  
 \_\_\_\_\_

Memo Item

**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  
 \_\_\_\_\_

Memo Item

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

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

\_\_\_\_\_ **0.00**

\_\_\_\_\_ **3000.00**

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 7 OF 15 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

**A.** Full Name (Last, First, Middle Initial)  
**Kelley Drye & Warren, LLP PAC**

Mailing Address 3050 K St NW  
Ste 400

City Washington State DC Zip Code 20007-5100

FEC ID number of contributing federal political committee. **C C00301929**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2016

**Transaction ID : C6640801**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**International Securities Exchange PAC**

Mailing Address 60 Broad Street  
26 Floor

City New York State NY Zip Code 10004

FEC ID number of contributing federal political committee. **C C00382226**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2016

**Transaction ID : C6584032**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Healthcare Distribution Alliance PAC**

Mailing Address 901 N Glebe Rd  
Ste 1000

City Arlington State VA Zip Code 22203-1854

FEC ID number of contributing federal political committee. **C C00247569**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2016

**Transaction ID : C6640804**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

6000.00

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

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

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

**A.** Full Name (Last, First, Middle Initial)  
**Westfield Employee Federal PAC**

Mailing Address 1 Park Cir  
PO Box 5001

City State Zip Code  
Westfield Center OH 44251-9700

FEC ID number of contributing federal political committee. **C C00376863**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

**Transaction ID : C6584035**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 1666 K St NW  
Ste 500

City State Zip Code  
Washington DC 20006-1218

FEC ID number of contributing federal political committee. **C C00473652**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 15 / 2016

**Transaction ID : C6640806**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**American Association of Nurse Practitioners PAC**

Mailing Address PO Box 12846

City State Zip Code  
Austin TX 78711-2846

FEC ID number of contributing federal political committee. **C C00358903**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : C6621547**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

4500.00



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

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

FOR LINE NUMBER: PAGE 9 OF 15  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

**A.** Full Name (Last, First, Middle Initial)  
**Cisco Systems Inc Federal PAC**

Mailing Address 400 Capitol Mall  
Ste 1545

City Sacramento State CA Zip Code 95814-4434

FEC ID number of contributing federal political committee. **C C00362707**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 20 / 2016

**Transaction ID : C6589547**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Delta Dental Plans Association PAC**

Mailing Address 1515 W 22nd St  
Ste 1200

City Oak Brook State IL Zip Code 60523-2025

FEC ID number of contributing federal political committee. **C C00213819**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 10 / 2016

**Transaction ID : C6610448**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PAC of the American Assoc. of Orthopaedic Surgeons**

Mailing Address 317 Massachusetts Avenue, NE  
Suite 100

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 05 / 2016

**Transaction ID : C6579519**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

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

7000.00

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

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

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

**A.** Full Name (Last, First, Middle Initial)  
**Converys Corporation PAC**

Mailing Address 201 East 4th Street

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing federal political committee. **C** C00350108

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2016

**Transaction ID : C6610449**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Amount of Each Receipt this Period

Memo Item

**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

Memo Item

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

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

1000.00

18500.00

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 11 OF 15                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

**A. Catering by Avalon**

Full Name (Last, First, Middle Initial)  
Mailing Address 109 Clermont Ave

City Alexandria State VA Zip Code 22304-4837

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 29 / 2016

Amount of Each Disbursement this Period: 352.88

Memo Item

Transaction ID : D454765

**B. NGP-VAN, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 15th St NW Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Software

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 08 / 2016

Amount of Each Disbursement this Period: 300.00

Memo Item

Transaction ID : D454775

**C. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 30 / 2016

Amount of Each Disbursement this Period: 39.50

Memo Item

Transaction ID : D454398

**SUBTOTAL** of Disbursements This Page (optional) ..... 692.38

**TOTAL** 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:<br>(check only one)          | PAGE 12 OF 15                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

|   |  |                          |   |  |  |
|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kimberly A. Kauffman</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 29 / 2016 |  |  |
| Mailing Address 615 G St SE   |  |                          | Amount of Each Disbursement this Period<br>1019.78            |  |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003-2723   | Memo Item <input type="checkbox"/>                            |  |  |
| Purpose of Disbursement<br>Reimburse Catering   |  | Category/<br>Type        |   |  |  |
| Candidate Name  |  | Transaction ID : D454760 |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |  |
| State: District:  |  |                          |   |  |  |

|   |  |                          |   |  |  |
|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Trattoria Alberto</b>  |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 29 / 2016 |  |  |
| Mailing Address 506 8th St SE   |  |                          | Amount of Each Disbursement this Period<br>1019.78            |  |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003-2834   | Memo Item <input checked="" type="checkbox"/>                 |  |  |
| Purpose of Disbursement<br>Catering   |  | Category/<br>Type        |   |  |  |
| Candidate Name  |  | Transaction ID : D454761 |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |  |
| State: District:  |  |                          |   |  |  |

|   |  |                          |   |  |  |
|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Josh Kramer</b>  |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 29 / 2016 |  |  |
| Mailing Address 328 Massachusetts Ave NE  |  |                          | Amount of Each Disbursement this Period<br>17.59              |  |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20002-5702   | Memo Item <input type="checkbox"/>                            |  |  |
| Purpose of Disbursement<br>Reimburse Travel   |  | Category/<br>Type        |   |  |  |
| Candidate Name  |  | Transaction ID : D454762 |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |  |
| State: District:  |  |                          |   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1037.37 |
| <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:<br>(check only one)  | PAGE 13 OF 15 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

|   |  |                        |   |  |  |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kimberly A. Kauffman</b>   |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 29 / 2016 |  |  |
| Mailing Address 615 G St SE   |  |                        |   |  |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003-2723 | Amount of Each Disbursement this Period<br>16.86              |  |  |
| Purpose of Disbursement<br>Reimburse Travel   |  | Category/<br>Type      | <input type="checkbox"/> Memo Item                            |  |  |
| Candidate Name  |  |                        | Transaction ID : D454766                                      |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |   |  |  |
| State: _____<br>District: _____   |  |                        |   |  |  |

|   |  |                        |   |  |  |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kimberly A. Kauffman</b>   |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 26 / 2016 |  |  |
| Mailing Address 615 G St SE   |  |                        |   |  |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003-2723 | Amount of Each Disbursement this Period<br>1935.29            |  |  |
| Purpose of Disbursement<br>Reimburse Catering & Travel  |  | Category/<br>Type      | <input type="checkbox"/> Memo Item                            |  |  |
| Candidate Name  |  |                        | Transaction ID : D454768                                      |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |   |  |  |
| State: _____<br>District: _____   |  |                        |   |  |  |

|   |  |                        |   |  |  |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Trattoria Alberto</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 26 / 2016 |  |  |
| Mailing Address 506 8th St SE   |  |                        |   |  |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003-2834 | Amount of Each Disbursement this Period<br>1920.15            |  |  |
| Purpose of Disbursement<br>Catering   |  | Category/<br>Type      | <input checked="" type="checkbox"/> Memo Item                 |  |  |
| Candidate Name  |  |                        | Transaction ID : D454769                                      |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |   |  |  |
| State: _____<br>District: _____   |  |                        |   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1952.15 |
| <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:<br>(check only one)          | PAGE 14 OF 15                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Courtney Collard-Meltzer</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 26 / 2016                            |
| Mailing Address The Kauffman Group<br>328 Massachusetts Avenue, NE   |   | Amount of Each Disbursement this Period<br>1405.50<br><input type="checkbox"/> Memo Item |
| City Washington State DC Zip Code 20002  | Purpose of Disbursement Reimburse Catering<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D454771</b>  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Trattoria Alberto</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 26 / 2016                                       |
| Mailing Address 506 8th St SE  |   | Amount of Each Disbursement this Period<br>1405.50<br><input checked="" type="checkbox"/> Memo Item |
| City Washington State DC Zip Code 20003-2834   | Purpose of Disbursement Catering<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D454772</b>   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Josh Kramer</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 08 / 2016                           |
| Mailing Address 328 Massachusetts Ave NE   |   | Amount of Each Disbursement this Period<br>121.00<br><input type="checkbox"/> Memo Item |
| City Washington State DC Zip Code 20002-5702   | Purpose of Disbursement Reimburse Event Tickets<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : D454773</b>   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1526.50 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 15 OF 15                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Washington Nationals Stadium, LLC</b>                           |  | Date of Disbursement<br>MM / DD / YYYY<br><b>06 / 08 / 2016</b> |
| Mailing Address <b>1500 S Capitol St SE<br/>Nationals Park</b>   |  | Amount of Each Disbursement this Period<br><b>121.00</b>        |
| City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-3599</b>  | Purpose of Disbursement<br><b>Tickets</b>  |   |
| Candidate Name   |  | <input checked="" type="checkbox"/> Memo Item                   |
| 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>Transaction ID : D454774</b>                                 |
| State: District:   | Category/Type  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>   |  | Date of Disbursement<br>MM / DD / YYYY  |
| Mailing Address  |  | Amount of Each Disbursement this Period |
| City   | State Zip Code   |   |
| Purpose of Disbursement  |  | <input type="checkbox"/> Memo Item      |
| 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  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>   |  | Date of Disbursement<br>MM / DD / YYYY  |
| Mailing Address  |  | Amount of Each Disbursement this Period |
| City   | State Zip Code   |   |
| Purpose of Disbursement  |  | <input type="checkbox"/> Memo Item      |
| 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  |   |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>0.00</b>    |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>5208.40</b> |