

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
Tim Canova for Congress

ADDRESS (number and street) 2028 Harrison Street Suite 102
Check if different than previously reported. (ACC) Hollywood FL 33020
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00602920
3. IS THIS REPORT NEW (N) OR AMENDED (A)
STATE DISTRICT FL 23

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 / 2017 through M M / D D / Y Y Y Y 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Fulbright, Yates, Edison, , Jr.
Type or Print Name of Treasurer

Signature of Treasurer Fulbright, Yates, Edison, , Jr. [Electronically Filed] Date M M / D D / Y Y Y Y 07 / 12 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Tim Canova 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))....	38252.79	38527.65
(b) Total Contribution Refunds (from Line 20(d))	1293.27	8968.27
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	36959.52	29559.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	31526.60	104346.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	864.69	4411.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30661.91	99934.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	19641.39	
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).....	30060.80	

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 05/2016)

Write or Type Committee Name

Tim Canova for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4430.00	4430.00
(ii) Unitemized	33822.79	34097.65
(iii) TOTAL of contributions from individuals ▶	38252.79	38527.65
(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))..	38252.79	38527.65
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	10000.00	10000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	10000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	864.69	4411.74
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.33	30.74
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	49117.81	52970.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	31526.60	104346.47
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	1293.27	8968.27
(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)).....	1293.27	8968.27
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	32819.87	113314.74

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3343.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	49117.81
25. SUBTOTAL (add Line 23 and Line 24).....	52461.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32819.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	19641.39

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

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

FOR LINE NUMBER: PAGE 5 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Tim Canova for Congress

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

Mailing Address 4981 E Inverness Dr.

City Post Falls State ID Zip Code 83854

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

Name of Employer Kootenai Health Occupation Child Psychiatrist

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 07 2017

Transaction ID : C11409362A

Amount of Each Receipt this Period
 100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **38087.79**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 07 2017

Transaction ID : C11409362AB

Amount of Each Receipt this Period
 100.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Alexander, Coralyn, , ,

Mailing Address 4981 E Inverness Dr.

City Post Falls State ID Zip Code 83854

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

Name of Employer Kootenai Health Occupation Child Psychiatrist

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 15 2017

Transaction ID : C11414358A

Amount of Each Receipt this Period
 500.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 6 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Canova for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE
 Mailing Address P.O. BOX 441146
 City: SOMERVILLE State: MA Zip Code: 02144
 FEC ID number of contributing federal political committee: **C** C00401224
 Name of Employer: Occupation: Conduit total listed in Agg. field
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 38087.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2017
Transaction ID : C11414358AB
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Holt, W. Jefferson, , ,
 Mailing Address PO Box 1029
 City: Carrboro State: NC Zip Code: 27510
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation: Real estate investor
 Self-employed
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2017
Transaction ID : C11409328A
 Amount of Each Receipt this Period
 100.00
 Memo Item
 * Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ACTBLUE
 Mailing Address P.O. BOX 441146
 City: SOMERVILLE State: MA Zip Code: 02144
 FEC ID number of contributing federal political committee: **C** C00401224
 Name of Employer: Occupation: Conduit total listed in Agg. field
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 38087.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2017
Transaction ID : C11409328AB
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00
TOTAL This Period (last page this line number only)..... ▶

**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 34	
	<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)
Tim Canova for Congress

A. Full Name (Last, First, Middle Initial)
Holt, W. Jefferson, , ,

Mailing Address PO Box 1029

City Carrboro	State NC	Zip Code 27510
------------------	-------------	-------------------

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

Name of Employer Self-employed	Occupation Real estate investor
-----------------------------------	------------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2017

Transaction ID : C11413325A

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
--------------------	-------------	-------------------

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

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
38087.79

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2017

Transaction ID : C11413325AB

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Holt, W. Jefferson, , ,

Mailing Address PO Box 1029

City Carrboro	State NC	Zip Code 27510
------------------	-------------	-------------------

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

Name of Employer Self-employed	Occupation Real estate investor
-----------------------------------	------------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2017

Transaction ID : C11415419A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶	125.00
TOTAL This Period (last page this line number only)..... ▶	

**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 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Canova for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address P.O. BOX 441146
City: **SOMERVILLE** State: **MA** Zip Code: **02144**
FEC ID number of contributing federal political committee: **C C00401224**
Name of Employer: Occupation: Conduit total listed in Agg. field
Receipt For: 2018
 Primary General
 Other (specify) ▼ Election Cycle-to-Date: **38087.79**

Date of Receipt: **06 / 18 / 2017**
Transaction ID : C11415419AB
Amount of Each Receipt this Period: **100.00**
 Memo Item
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Holt, W. Jefferson, , ,
Mailing Address PO Box 1029
City: **Carrboro** State: **NC** Zip Code: **27510**
FEC ID number of contributing federal political committee: **C**
Name of Employer: Occupation: Real estate investor
Self-employed
Receipt For: 2018
 Primary General
 Other (specify) ▼ Election Cycle-to-Date: **230.00**

Date of Receipt: **06 / 30 / 2017**
Transaction ID : C11417737A
Amount of Each Receipt this Period: **5.00**
 Memo Item
* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address P.O. BOX 441146
City: **SOMERVILLE** State: **MA** Zip Code: **02144**
FEC ID number of contributing federal political committee: **C C00401224**
Name of Employer: Occupation: Conduit total listed in Agg. field
Receipt For: 2018
 Primary General
 Other (specify) ▼ Election Cycle-to-Date: **38087.79**

Date of Receipt: **06 / 30 / 2017**
Transaction ID : C11417737AB
Amount of Each Receipt this Period: **5.00**
 Memo Item
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶
TOTAL This Period (last page this line number only) ▶

5.00

**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 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Canova for Congress

A. Full Name (Last, First, Middle Initial)
Rose, Marian, , ,

Mailing Address 9 Old Corner Road

City Bedford State NY Zip Code 10506

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 07 / 2017

Transaction ID : **C11409361A**

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
38087.79

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 07 / 2017

Transaction ID : **C11409361AB**

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Rose, Marian, , ,

Mailing Address 9 Old Corner Road

City Bedford State NY Zip Code 10506

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 04 / 2017

Transaction ID : **C11413283A**

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Canova for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE
 Mailing Address P.O. BOX 441146
 City SOMERVILLE State MA Zip Code 02144
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation
 Conduit total listed in Agg. field
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 38087.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2017
Transaction ID : C11413283AB
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Rose, Marian, , ,
 Mailing Address 9 Old Corner Road
 City Bedford State NY Zip Code 10506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2017
Transaction ID : C11414286A
 Amount of Each Receipt this Period
 100.00
 Memo Item
 * Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ACTBLUE
 Mailing Address P.O. BOX 441146
 City SOMERVILLE State MA Zip Code 02144
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation
 Conduit total listed in Agg. field
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 38087.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2017
Transaction ID : C11414286AB
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 11 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Canova for Congress

A. Full Name (Last, First, Middle Initial)
Schecter, Laurie, , ,

Mailing Address 4500 N Surf Rd

City Hollywood State FL Zip Code 33019

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

Name of Employer Self-employed Occupation Inn Owner

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2017

Transaction ID : **C11414371A**

Amount of Each Receipt this Period
2700.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
38087.79

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2017

Transaction ID : **C11414371AB**

Amount of Each Receipt this Period
2700.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Veres, Denise, , ,

Mailing Address 21 Sutton Place

City Easton State PA Zip Code 18045

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

Name of Employer Shanthi Project Occupation Executive Director

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 14 / 2017

Transaction ID : **C11410321A**

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ 2800.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 34
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Tim Canova for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE
 Mailing Address P.O. BOX 441146
 City: SOMERVILLE State: MA Zip Code: 02144
 FEC ID number of contributing federal political committee: **C** C00401224
 Name of Employer: Occupation: Conduit total listed in Agg. field
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 38087.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2017
Transaction ID : C11410321AB
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Veres, Denise, , ,
 Mailing Address 21 Sutton Place
 City: Easton State: PA Zip Code: 18045
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation: Executive Director
 Shanthi Project
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2017
Transaction ID : C11416396A
 Amount of Each Receipt this Period
 500.00
 Memo Item
 * Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ACTBLUE
 Mailing Address P.O. BOX 441146
 City: SOMERVILLE State: MA Zip Code: 02144
 FEC ID number of contributing federal political committee: **C** C00401224
 Name of Employer: Occupation: Conduit total listed in Agg. field
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 38087.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2017
Transaction ID : C11416396AB
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ▶	500.00
TOTAL This Period (last page this line number only)..... ▶	4430.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 13 OF 34	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Tim Canova for Congress

A. Full Name (Last, First, Middle Initial)
Canova, Timothy, , ,

Mailing Address P.O. Box 22-1868

City Hollywood	State FL	Zip Code 33022
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6FL23063

Name of Employer Nova Southeastern University Shepard B	Occupation Law Professor
--	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2017

Transaction ID : C11407973

Amount of Each Receipt this Period
10000.00

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 / 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

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

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

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

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NAME OF COMMITTEE (In Full)
Tim Canova for Congress

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

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
864.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2017

Transaction ID : C11419031

Amount of Each Receipt this Period
864.69

Memo Item

Refund Processing Fees

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	864.69
TOTAL This Period (last page this line number only).....▶	864.69

**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 34			
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 05 / 07 / 2017		
Mailing Address 366 Summer Street			FEC Identification Number C		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 186.49		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : D801731		
Candidate Name		<input 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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 05 / 14 / 2017		
Mailing Address 366 Summer Street			FEC Identification Number C		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 70.26		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : D801732		
Candidate Name		<input 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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 05 / 21 / 2017		
Mailing Address 366 Summer Street			FEC Identification Number C		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 39.76		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : D801733		
Candidate Name		<input 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) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	296.51
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: (check only one)	PAGE 16 OF 34			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2017		
Mailing Address 366 Summer Street			FEC Identification Number C		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 1.53		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : D801790		
Candidate Name		<input 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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2017		
Mailing Address 366 Summer Street			FEC Identification Number C		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 68.72		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : D802043		
Candidate Name		<input 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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2017		
Mailing Address 366 Summer Street			FEC Identification Number C		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 28.75		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : D802085		
Candidate Name		<input 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) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	99.00
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: (check only one)		PAGE 17 OF 34	
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement
Mailing Address 366 Summer Street		M M / D D / Y Y Y Y 06 / 15 / 2017
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Credit Card Processing Fees		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 272.61
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) ▼	Transaction ID : D802142
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement
Mailing Address 366 Summer Street		M M / D D / Y Y Y Y 06 / 18 / 2017
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Credit Card Processing Fees		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 239.71
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) ▼	Transaction ID : D802223
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement
Mailing Address 366 Summer Street		M M / D D / Y Y Y Y 06 / 22 / 2017
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Credit Card Processing Fees		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 176.07
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) ▼	Transaction ID : D802300
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	688.39
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: (check only one)	PAGE 18 OF 34			
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2017
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 112.15
Candidate Name		Transaction ID : D802319
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2017
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 111.27
Candidate Name		Transaction ID : D802430
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2017
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 199.41
Candidate Name		Transaction ID : D802587
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	422.83
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: (check only one)		PAGE 19 OF 34	
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. AvMed		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2017
Mailing Address 150 Sawgrass Drive		FEC Identification Number C
City Rochester	State NY	Zip Code 14620
Purpose of Disbursement Health Insurance		Amount of Each Disbursement this Period 1242.22
Candidate Name		Transaction ID : D802350
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2017
Mailing Address 101 Avenue of the Americas, 12th f		FEC Identification Number C
City New York	State NY	Zip Code 10013
Purpose of Disbursement Digital Communications		Amount of Each Disbursement this Period 625.00
Candidate Name		Transaction ID : D801335
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Broad and Cassel		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2017
Mailing Address 215 S. Monroe Street Suite 400		FEC Identification Number C
City Tallahassee	State FL	Zip Code 32301
Purpose of Disbursement Legal Services		Amount of Each Disbursement this Period 3120.00
Candidate Name		Transaction ID : D801627
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4987.22
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: (check only one)		PAGE 20 OF 34	
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. Broad and Cassel		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2017
Mailing Address 215 S. Monroe Street Suite 400		FEC Identification Number C
City Tallahassee	State FL	Zip Code 32301
Purpose of Disbursement Legal Services	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2660.00	
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) ▼	Transaction ID : D801315
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Broad and Cassel		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2017
Mailing Address 215 S. Monroe Street Suite 400		FEC Identification Number C
City Tallahassee	State FL	Zip Code 32301
Purpose of Disbursement Legal Services	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 368.00	
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) ▼	Transaction ID : D802349
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Broward County Supervisor of Elections		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2017
Mailing Address PO Box 029001		FEC Identification Number C
City Fort Lauderdale	State FL	Zip Code 33302
Purpose of Disbursement Elections Records	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 240.35	
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) ▼	Transaction ID : D801824
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3268.35
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: (check only one)		PAGE 21 OF 34	
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. Dion, Deborah, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2017
Mailing Address 1660 NE 135th Street, Apt. 12		FEC Identification Number C
City North Miami	State FL	Zip Code 33181
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2264.20	
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) ▼	Transaction ID : D801806
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Dion, Deborah, , ,		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2017
Mailing Address 1660 NE 135th Street, Apt. 12		FEC Identification Number C
City North Miami	State FL	Zip Code 33181
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2264.20	
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) ▼	Transaction ID : D802306
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Dion, Deborah, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2017
Mailing Address 1660 NE 135th Street, Apt. 12		FEC Identification Number C
City North Miami	State FL	Zip Code 33181
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2264.20	
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) ▼	Transaction ID : D801629
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	6792.60
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: (check only one)		PAGE 22 OF 34	
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Internet Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 85.00	
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) ▼	Transaction ID : D801284
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Internet Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 85.00	
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) ▼	Transaction ID : D801813
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Google		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Internet Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 85.00	
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) ▼	Transaction ID : D802580
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	255.00
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: (check only one)		PAGE 23 OF 34	
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. Hanoy Holdings Limited			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2017	
Mailing Address 2028 Harrison Street, Suite 101			FEC Identification Number C	
City Hollywood	State FL	Zip Code 33020	Amount of Each Disbursement this Period 1590.00	
Purpose of Disbursement Office Rent		Category/ Type	Transaction ID : D801820	
Candidate Name		Memo Item <input type="checkbox"/>		
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. Help Scout			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2017	
Mailing Address 131 Tremont Street 3rd Floor			FEC Identification Number C	
City Boston	State MA	Zip Code 02111	Amount of Each Disbursement this Period 60.00	
Purpose of Disbursement E-Mail Service		Category/ Type	Transaction ID : D801815	
Candidate Name		Memo Item <input type="checkbox"/>		
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) c. Help Scout			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2017	
Mailing Address 131 Tremont Street 3rd Floor			FEC Identification Number C	
City Boston	State MA	Zip Code 02111	Amount of Each Disbursement this Period 60.00	
Purpose of Disbursement Email Service		Category/ Type	Transaction ID : D801288	
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	1710.00
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: (check only one)	PAGE 24 OF 34			
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. Help Scout		Date of Disbursement
Mailing Address 131 Tremont Street 3rd Floor		M M / D D / Y Y Y Y 06 / 19 / 2017
City Boston	State MA	Zip Code 02111
Purpose of Disbursement E-Mail Service		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 60.00
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) ▼	Transaction ID : D802582
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Hilton Diplomat		Date of Disbursement
Mailing Address 3555 S. Ocean Dr.		M M / D D / Y Y Y Y 06 / 20 / 2017
City Hollywood	State FL	Zip Code 33019
Purpose of Disbursement Travel Expense		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 524.73
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) ▼	Transaction ID : D802583
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Levi and Associates Insurance, LLC		Date of Disbursement
Mailing Address 2790 N Federal Hwy Suite 300		M M / D D / Y Y Y Y 05 / 18 / 2017
City Boca Raton	State FL	Zip Code 33431
Purpose of Disbursement Insurance		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 1361.05
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) ▼	Transaction ID : D801606
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1945.78
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: (check only one)	PAGE 25 OF 34			
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2017
Mailing Address 1445 New York Avenue NW Suite 200		FEC Identification Number C
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Database Software	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1612.50	
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) ▼	Transaction ID : D801819
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Payroll Processing	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 84.34	
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) ▼	Transaction ID : D801807
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Payroll Taxes	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1431.45	
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) ▼	Transaction ID : D801808
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3128.29
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: (check only one)		PAGE 26 OF 34	
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Workers' Compensation Insurance		Amount of Each Disbursement this Period 25.01
Candidate Name		Transaction ID : D801809
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Payroll Processing		Amount of Each Disbursement this Period 134.34
Candidate Name		Transaction ID : D802307
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Payroll Taxes		Amount of Each Disbursement this Period 1431.46
Candidate Name		Transaction ID : D802308
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1590.81
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: (check only one)		PAGE 27 OF 34	
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Date of Disbursement MM / DD / YYYY 06 / 23 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Workers' Compensation Insurance		Amount of Each Disbursement this Period 13.02
Candidate Name		Transaction ID : D802309
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Date of Disbursement MM / DD / YYYY 04 / 28 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Workers' Compensation Insurance		Amount of Each Disbursement this Period 29.18
Candidate Name		Transaction ID : D801290
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Paychex, Inc.		Date of Disbursement MM / DD / YYYY 04 / 14 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Workers' Compensation Insurance		Amount of Each Disbursement this Period 19.97
Candidate Name		Transaction ID : D801287
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	62.17
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: (check only one)	PAGE 28 OF 34			
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Payroll Processing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 134.34	
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) ▼	Transaction ID : D801630
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1431.46	
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) ▼	Transaction ID : D801631
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Workers' Comp.	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 24.14	
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) ▼	Transaction ID : D801632
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1589.94
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: (check only one)		PAGE 29 OF 34	
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2017
Mailing Address 2702 Love Field		FEC Identification Number C
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 279.98
Candidate Name		Transaction ID : D802584
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Tehranian, Farbod, S., ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2017
Mailing Address 18558 NW 22nd St		FEC Identification Number C
City Pembroke Pines	State FL	Zip Code 33029
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1310.08
Candidate Name		Transaction ID : D801805
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Tehranian, Farbod, S., ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2017
Mailing Address 18558 NW 22nd St		FEC Identification Number C
City Pembroke Pines	State FL	Zip Code 33029
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1310.07
Candidate Name		Transaction ID : D801628
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2900.13
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: (check only one)		PAGE 30 OF 34	
	<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)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. Tehranian, Farbod, S., ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2017	
Mailing Address 18558 NW 22nd St			FEC Identification Number C	
City Pembroke Pines	State FL	Zip Code 33029	Amount of Each Disbursement this Period 1310.07	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : D802305	
Candidate Name		Memo Item <input type="checkbox"/>		
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
State: District:				

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

SUBTOTAL of Disbursements This Page (optional).....▶	1310.07
TOTAL This Period (last page this line number only).....▶	31047.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 34			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Tim Canova for Congress

Full Name (Last, First, Middle Initial) A. Wooldridge, Karen, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2017		
Mailing Address 14942 E Evans Ave.			FEC Identification Number C		
City Aurora	State CO	Zip Code 80014	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : D802673		
Candidate Name		<input type="checkbox"/> Memo Item			
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.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	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:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	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:					

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : L1250**
Tim Canova for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Canova, Timothy, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 22-1868			
City Hollywood	State FL	ZIP Code 33022	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred M 01 / D 06 / Y 2016	Date Due M M / D D / On Demand	Interest Rate (If none, enter 0) N/A % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	-----------------------------------	---	---

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

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

SUBTOTALS This Period This Page (optional).....▶	15000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Tim Canova for Congress** Transaction ID : **L1257**

LOAN SOURCE Full Name (Last, First, Middle Initial) Canova, Timothy, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 22-1868			
City Hollywood	State FL	ZIP Code 33022	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred M 04 / D 27 / Y 2017	Date Due M M / D D / On Demand	Interest Rate (If none, enter 0) N/A % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	-----------------------------------	---	---

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

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

SUBTOTALS This Period This Page (optional).....▶	10000.00
TOTALS This Period (last page in this line only).....▶	25000.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Tim Canova for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Canova, Timothy, , ,			Nature of Debt (Purpose): Online Advertising (Blueprint Interactive)
Mailing Address P.O. Box 22-1868			
City Hollywood	State FL	Zip Code 33022	

Outstanding Balance Beginning This Period 5060.80		Transaction ID : D784428	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5060.80	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional)	▶	5060.80
2) TOTALS This Period (last page this line number only)	▶	5060.80
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	25000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	30060.80