

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
KIEHNE 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))....	27174.00	204666.07
(b) Total Contribution Refunds (from Line 20(d))	2700.00	25000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	24474.00	179666.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	105556.29	158551.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	105556.29	158551.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	528567.77	
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).....	521552.14	

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

KIEHNE 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).....	24550.00	177150.00
(ii) Unitemized.....	2624.00	8008.00
(iii) TOTAL of contributions from individuals ▶	27174.00	185158.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	19508.07
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	27174.00	204666.07
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	150000.00	628072.14
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	150000.00	628072.14
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	30.97
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	177174.00	832769.18

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	105556.29	158551.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	120000.00	120000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	120000.00	120000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	2700.00	25000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2700.00	25000.00
21. OTHER DISBURSEMENTS	0.00	650.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	228256.29	304201.41

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	579650.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	177174.00
25. SUBTOTAL (add Line 23 and Line 24).....	756824.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	228256.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	528567.77

**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 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CENTERFIRE CATTLE

Mailing Address 197 NEW MEXICO 88

City State Zip Code
PORTALES NM 88130

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.4856

Amount of Each Receipt this Period
2000.00

PERMISSIBLE FUNDS: SEE MEMO

B. Full Name (Last, First, Middle Initial)
MR. FRANK DALMOLIN

Mailing Address 2 DALMOLIN HEIGHTS

City State Zip Code
GLOBE AZ 85501

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

Name of Employer Occupation
DALMOLIN EXCAVATING OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.4933

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. ERNIE DAVIS

Mailing Address PO BOX 537

City State Zip Code
COTULLA TX 78014

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.4862

Amount of Each Receipt this Period
500.00

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

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

2750.00

**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 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JAD DAVIS

Mailing Address **914 PRINCETON AVE**

City **MIDLAND** State **TX** Zip Code **79701**

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

Name of Employer **DAVIS** Occupation **LAW**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.4902

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS. LOUISE G DAVIS

Mailing Address **PO BOX 537**

City **COTULLA** State **TX** Zip Code **78014**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.4864

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT HATHORNE

Mailing Address **10295 E. RISING SUN DR.**

City **SCOTTSDALE** State **AZ** Zip Code **85262**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.4853

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS. JAN HOBBS

Mailing Address **275 E COTTONWOOD LN
STE 1**

City **CASA GRANDE** State **AZ** Zip Code **85122**

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

Name of Employer **SELF-EMPLOYED** Occupation **INSURANCE AGENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.4938

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS. JAYE M HUSEMAN

Mailing Address **3313 EBBETS ST**

City **MIDLAND** State **TX** Zip Code **79707**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.4870

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
MR. KENNETH V HUSEMAN

Mailing Address **3313 EBBETS ST**

City **MIDLAND** State **TX** Zip Code **79707**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.4868

Amount of Each Receipt this Period
1250.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEE JOHNSON

Mailing Address **381 W NAVEL LANE**

City **SNOWFLAKE** State **AZ** Zip Code **85937**

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

Name of Employer **SELF-EMPLOYED** Occupation **RANCHER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 16 / 2015

Transaction ID : SA11AI.4952

Amount of Each Receipt this Period
200.00
 J-P CATTLE CO.

[MEMO ITEM]

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

Mailing Address **197 NEW MEXICO 88**

City **PORTALES** State **NM** Zip Code **88130**

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

Name of Employer **SELF-EMPLOYED** Occupation **CATTLE RANCHER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.4951

Amount of Each Receipt this Period
2000.00
 CENTERFIRE CATTLE

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MR. WALTER CHANCE KIEHNE

Mailing Address **1160 PRIVATE RD
ROAD 710**

City **STEPHENVILLE** State **TX** Zip Code **76401**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.4906

Amount of Each Receipt this Period
1000.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Margaret Knowles

Mailing Address 37255 S Stoney Cliff Dr

City Tucson State AZ Zip Code 85739

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.4907

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MS. LINDA S LACY

Mailing Address 307 LOMBARDY

City EL PASO State TX Zip Code 79922

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

Name of Employer **SUN WEST OB-GYN** Occupation **DOCTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2015

Transaction ID : SA11AI.4883

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. DONALD LANN

Mailing Address PO BOX 155

City SAINT JOHNS State AZ Zip Code 85936

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

Name of Employer **SELF-EMPLOYED** Occupation **RANCHER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2015

Transaction ID : SA11AI.4885

Amount of Each Receipt this Period
400.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JERRY B LILLY

Mailing Address 418 N 164TH ST

City State Zip Code
GILBERT AZ 85234

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

Name of Employer Occupation
SELF-EMPLOYED CONSTRUCTION WORKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.4942

Amount of Each Receipt this Period
1000.00

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

Mailing Address 218 HARVARD RD

City State Zip Code
ST AUGUSTINE FL 32086

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

Name of Employer Occupation
SELF-EMPLOYED AVIATION PARTS BROKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 02 / 2015

Transaction ID : SA11AI.4841

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. JOHN NORWOOD

Mailing Address PO BOX 10703

City State Zip Code
MIDLAND TX 79702

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

Name of Employer Occupation
SELF-EMPLOYED OIL AND GAS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.4875

Amount of Each Receipt this Period
2400.00

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

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

3500.00

**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 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JOHN NORWOOD

Mailing Address **PO BOX 10703**

City **MIDLAND** State **TX** Zip Code **79702**

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

Name of Employer **SELF-EMPLOYED** Occupation **OIL AND GAS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.4876

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MS. JEANNE OHACO

Mailing Address **PO BOX 727**

City **WINSLOW** State **AZ** Zip Code **86047**

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

Name of Employer **OHACO CATTLE CO.** Occupation **RANCHER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.4878

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. FRANK PADILLA

Mailing Address **402 N ZUNI ST**

City **SPRINGVILLE** State **AZ** Zip Code **85938**

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

Name of Employer **WOODLAND BUILDING** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11AI.4897

Amount of Each Receipt this Period
500.00

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

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

1300.00

**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 41
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARGARET PAVLICH

Mailing Address 355 MUNDY DR.

City SEDONA State AZ Zip Code 86351

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period
250.00

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

Mailing Address 2701 Passage Way

City Midland State TX Zip Code 79705

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2015

Transaction ID : SA11AI.4887

Amount of Each Receipt this Period
950.00

C. Full Name (Last, First, Middle Initial)
Roni Perry

Mailing Address 2701 Passage Way

City Midland State TX Zip Code 79705

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3650.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2015

Transaction ID : SA11AI.4889

Amount of Each Receipt this Period
300.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 13 OF 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. WES PERRY

Mailing Address **2701 PASSAGE WAY**

City **MIDLAND** State **TX** Zip Code **79705**

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

Name of Employer **SELF-EMPLOYED** Occupation **OIL AND GAS PRODUCTION**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3350.00

Date of Receipt
11 / 13 / 2015

Transaction ID : SA11AI.4886

Amount of Each Receipt this Period
950.00

B. Full Name (Last, First, Middle Initial)
MR. WES PERRY

Mailing Address **2701 PASSAGE WAY**

City **MIDLAND** State **TX** Zip Code **79705**

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

Name of Employer **SELF-EMPLOYED** Occupation **OIL AND GAS PRODUCTION**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3650.00

Date of Receipt
11 / 13 / 2015

Transaction ID : SA11AI.4888

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MR. KEN ROBINSON

Mailing Address **32078 S AGARITA DR**

City **ORACLE** State **AZ** Zip Code **85623**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
12 / 15 / 2015

Transaction ID : SA11AI.4918

Amount of Each Receipt this Period
100.00

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

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

1350.00

**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 14 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JOHN C SHARP

Mailing Address 4000 MARIAH ST

City State Zip Code
CLOVIS NM 88101

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

Name of Employer Occupation
SELF-EMPLOYED RANCHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.4913

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. TERRELL SHELLEY

Mailing Address PO BOX 310

City State Zip Code
CLIFF NM 88028

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

Name of Employer Occupation
SELF-EMPLOYED RANCHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SA11AI.4891

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MS. TINA G SODERBERG

Mailing Address PO BOX 306

City State Zip Code
SPRINGERVILLE AZ 85938

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

Name of Employer Occupation
TUCSON ELECTRIC POWER HUMAN RESOURCES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.4944

Amount of Each Receipt this Period
300.00

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 15 OF 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL TAYLOR

Mailing Address 80 LAKE VIEW DRIVE

City State Zip Code
STANFORD KY 40484

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

Name of Employer Occupation
FSNB BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 17 2015

Transaction ID : SA11AI.4900

Amount of Each Receipt this Period
100.00

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

Mailing Address 80 LAKE VIEW DRIVE

City State Zip Code
STANFORD KY 40484

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

Name of Employer Occupation
FSNB BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 17 2015

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. BUDDY W THARP

Mailing Address 1208 RANCHO ALGODONES

City State Zip Code
LAS CRUCES NM 88007

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

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 07 2015

Transaction ID : SA11AI.4917

Amount of Each Receipt this Period
500.00

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

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

700.00

**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 16 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. PHILLIP TOWNSEND

Mailing Address 4620 LAGUNA DAM RD

City State Zip Code
YUMA AZ 85365

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

Name of Employer Occupation
SELF-EMPLOYED AGRICULTURE CHEMICAL BUSINESS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 21 2015

Transaction ID : SA11AI.4926

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS. JOYCE TYLER

Mailing Address PO BOX 728

City State Zip Code
CLIFTON AZ 85533

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 30 2015

Transaction ID : SA11AI.4880

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR. ROY TYLER

Mailing Address PO BOX 728

City State Zip Code
CLIFTON AZ 85533

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

Name of Employer Occupation
TRIPLE T RESTAURANTS MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 30 2015

Transaction ID : SA11AI.4879

Amount of Each Receipt this Period
50.00

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 17 OF 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. VERNON A WALKER

Mailing Address 307 LOMBARDY

City State Zip Code
EL PASO TX 79922

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

Name of Employer Occupation
PHYSICIANS HEALTHCARE ASSOCIATES DOCTORS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2015

Transaction ID : SA11AI.4895

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. JACK B WILKINSON JR.

Mailing Address PO BOX 53287

City State Zip Code
MIDLAND TX 79710

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

Name of Employer Occupation
SELF-EMPLOYED INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.4928

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2950.00

24550.00

**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 18 OF 41	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. GARY KIEHNE

Mailing Address **P.O. BOX 1974**

City **EAGAR** State **AZ** Zip Code **85925**

FEC ID number of contributing federal political committee. **C H4AZ01145**

Name of Employer **SELF-EMPLOYED** Occupation **TEAM ROPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
647580.21

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA13A.4954

Amount of Each Receipt this Period
150000.00

LOAN

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

150000.00

150000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ARMSTRONG OIL DIRECTORIES			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address PO BOX 52106			Amount of Each Disbursement this Period 235.00 Transaction ID : SB17.4956
City AMARILLO	State TX	Zip Code 79159	
Purpose of Disbursement LIST RENTAL		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. DINSMORE AND SHOHL LLP			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address PO BOX 640635			Amount of Each Disbursement this Period 3080.00 Transaction ID : SB17.4965
City CINCINNATI	State OH	Zip Code 45264	
Purpose of Disbursement LEGAL CONSULTING		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) C. DINSMORE AND SHOHL LLP			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address PO BOX 640635			Amount of Each Disbursement this Period 4324.50 Transaction ID : SB17.4966
City CINCINNATI	State OH	Zip Code 45264	
Purpose of Disbursement LEGAL CONSULTING		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	7639.50
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 41		
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DINSMORE AND SHOHL LLP		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address PO BOX 640635		Amount of Each Disbursement this Period 4679.70 Transaction ID : SB17.4967
City CINCINNATI	State OH	
Zip Code 45264	Purpose of Disbursement LEGAL CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. JUST WIN STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address PO BOX 2561		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.4974
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. JUST WIN STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address PO BOX 2561		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4975
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	15679.70
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 41		
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JUST WIN STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address PO BOX 2561		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4976
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. JUST WIN STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address PO BOX 2561		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4977
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Gaither Martin		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 184 W 4th Ave		Amount of Each Disbursement this Period 7000.00 Transaction ID : SB17.4968
City Eagar	State AZ	
Zip Code 85925	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	17000.00
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 22 OF 41			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gaither Martin		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 184 W 4th Ave		Amount of Each Disbursement this Period 7000.00 Transaction ID : SB17.4969
City Eagar	State AZ	
Zip Code 85925	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Gaither Martin		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 184 W 4th Ave		Amount of Each Disbursement this Period 7000.00 Transaction ID : SB17.4970
City Eagar	State AZ	
Zip Code 85925	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 138 CONANT ST 2ND FLOOR		Amount of Each Disbursement this Period 10403.19 Transaction ID : SB17.4983
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	24403.19
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 41			
	<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)
KIEHNE FOR CONGRESS

A. RED CURVE SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT ST
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 11 / 05 / 2015

Amount of Each Disbursement this Period: 2600.00

Transaction ID : SB17.4984

B. RED CURVE SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT ST
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 11 / 23 / 2015

Amount of Each Disbursement this Period: 2600.00

Transaction ID : SB17.4985

C. RED CURVE SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT ST
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 12 / 03 / 2015

Amount of Each Disbursement this Period: 2786.45

Transaction ID : SB17.4986

SUBTOTAL of Disbursements This Page (optional)..... 7986.45

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 41	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SOLUTIONS FOR FUNDRAISING IN TEXAS LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 1505 ELM ST 1601		Amount of Each Disbursement this Period 3409.60
City DALLAS State TX Zip Code 75201	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Transaction ID : SB17.4988
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. SOLUTIONS FOR FUNDRAISING IN TEXAS LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 1505 ELM ST 1601		Amount of Each Disbursement this Period 887.15
City DALLAS State TX Zip Code 75201	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Transaction ID : SB17.4989
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. SOLUTIONS FOR FUNDRAISING IN TEXAS LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 1505 ELM ST 1601		Amount of Each Disbursement this Period 2500.00
City DALLAS State TX Zip Code 75201	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Transaction ID : SB17.4990
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	6796.75
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 41			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 5425.00 Transaction ID : SB17.4978
City ORO VALLEY	State AZ	
Zip Code 85755	Purpose of Disbursement RESEARCH CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 5075.00 Transaction ID : SB17.4979
City ORO VALLEY	State AZ	
Zip Code 85755	Purpose of Disbursement RESEARCH CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 2525.00 Transaction ID : SB17.4980
City ORO VALLEY	State AZ	
Zip Code 85755	Purpose of Disbursement RESEARCH CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	13025.00
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 26 OF 41	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 2675.00
City ORO VALLEY	State AZ	
Zip Code 85755	Purpose of Disbursement RESEARCH CONSULTING	Transaction ID : SB17.4981
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 2674.14
City ORO VALLEY	State AZ	
Zip Code 85755	Purpose of Disbursement RESEARCH CONSULTING	Transaction ID : SB17.4982
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 24.11
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.4991
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5373.25
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 41			
	<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)
KIEHNE FOR CONGRESS

A. TARGETED VICTORY

Full Name (Last, First, Middle Initial)
Mailing Address 1033 N FAIRFAX ST
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 02 / 2015

Amount of Each Disbursement this Period
177.50

Transaction ID : SB17.4992

B. TARGETED VICTORY

Full Name (Last, First, Middle Initial)
Mailing Address 1033 N FAIRFAX ST
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 05 / 2015

Amount of Each Disbursement this Period
13.85

Transaction ID : SB17.4993

C. TARGETED VICTORY

Full Name (Last, First, Middle Initial)
Mailing Address 1033 N FAIRFAX ST
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 06 / 2015

Amount of Each Disbursement this Period
1.78

Transaction ID : SB17.4994

SUBTOTAL of Disbursements This Page (optional)..... 193.13

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 28 OF 41			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 464.98 Transaction ID : SB17.4995
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 7.10 Transaction ID : SB17.4996
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 443.75 Transaction ID : SB17.4997
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	464.98
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 41		
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 4397.20
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.4998
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 7.10
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.4999
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 7.10
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.5000
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	4411.40
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 41			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 3.55
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.5001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 35.50
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.5002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 7.10
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.5003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	46.15
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 31 OF 41		
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 7.10 Transaction ID : SB17.5004
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 7.10 Transaction ID : SB17.5005
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WHITE MOUNTAIN INDEPENDENT		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address 3191 S WHITE MOUNTAIN ROAD		Amount of Each Disbursement this Period 1288.64 Transaction ID : SB17.5006
City SHOW LOW State AZ Zip Code 85901	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1302.84
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 32 OF 41	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WHITE MOUNTAIN INDEPENDENT			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015	
Mailing Address 3191 S WHITE MOUNTAIN ROAD			Amount of Each Disbursement this Period 943.95	
City SHOW LOW	State AZ	Zip Code 85901	Transaction ID : SB17.5007	
Purpose of Disbursement PRINTING & DESIGN SERVICES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	943.95
TOTAL This Period (last page this line number only).....	105266.29

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 41	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. GARY KIEHNE		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address P.O. BOX 1974		Amount of Each Disbursement this Period 120000.00 Transaction ID : SB19A.5009
City EAGAR	State AZ	
Zip Code 85925	Purpose of Disbursement LOAN REPAYMENT	Category/ Type
Candidate Name MR. GARY KIEHNE	Office Sought: <input checked="" 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: AZ District: 01	

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

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

SUBTOTAL of Disbursements This Page (optional).....	120000.00
TOTAL This Period (last page this line number only).....	120000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 41			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. E G WILKINSON			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015		
Mailing Address PO BOX 36924			Amount of Each Disbursement this Period 2700.00		
City TUCSON	State AZ	Zip Code 85740	Transaction ID : SB20A.5008		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	2700.00

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4099

KIEHNE FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2016

MR. GARY KIEHNE

Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 1974

City State ZIP Code
EAGAR AZ 85925

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
19700.00 0.00 19700.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 30 / Y 2015 M M / D D / On Demand 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 19700.00
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) **KIEHNE FOR CONGRESS** Transaction ID : **SC/10.4460**

LOAN SOURCE Full Name (Last, First, Middle Initial) **MR. GARY KIEHNE** *[PERSONAL FUNDS]* Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 1974

City State ZIP Code
EAGAR AZ 85925

Original Amount of Loan 12722.14	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12722.14
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 06 / D 30 / Y 2015
 Date Due: M M / D D / Y Y Y Y **DUE ON DEMAND**
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 12722.14

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) **KIEHNE FOR CONGRESS** Transaction ID : **SC/10.4467**

LOAN SOURCE Full Name (Last, First, Middle Initial) **MR. GARY KIEHNE** *[PERSONAL FUNDS]* Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 1974

City State ZIP Code
EAGAR AZ 85925

Original Amount of Loan 650.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 650.00
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TERMS

Date Incurred: M 06 / D 30 / Y 2015
 Date Due: M M / D D / Y Y Y Y Y Y **DUE ON DEMAND**
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 650.00

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) **KIEHNE FOR CONGRESS** Transaction ID : **SC/10.4474**

LOAN SOURCE Full Name (Last, First, Middle Initial) **MR. GARY KIEHNE** *[PERSONAL FUNDS]* Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 P.O. BOX 1974

City State ZIP Code
 EAGAR AZ 85925

Original Amount of Loan 400000.00	Cumulative Payment To Date 120000.00	Balance Outstanding at Close of This Period 280000.00
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TERMS

Date Incurred M 06 / D 30 / Y 2015	Date Due M / D / Y 12/31/2016	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....	▶	280000.00
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) **KIEHNE FOR CONGRESS** Transaction ID : **SC/10.4838**

LOAN SOURCE Full Name (Last, First, Middle Initial) **MR. GARY KIEHNE** *[PERSONAL FUNDS]* Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 P.O. BOX 1974

City State ZIP Code
 EAGAR AZ 85925

Original Amount of Loan 45000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 45000.00
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TERMS

Date Incurred: M 09 / D 30 / Y 2015
 Date Due: M M / D D / Y Y Y Y **DUE ON DEMAND**
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 45000.00

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4954

KIEHNE FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2016

MR. GARY KIEHNE

Primary

General

Other (specify) ▼

Mailing Address

P.O. BOX 1974

City

State

ZIP Code

EAGAR

AZ

85925

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

M 12 / D 31 / Y 2015 Y

Date Due

M M / D D / Y Y Y Y
DUE ON DEMAND

Interest Rate

0.00 % (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

150000.00

TOTALS This Period (last page in this line only)..... ▶

508072.14

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)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DINSMORE & SHOHL LLP	Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address PO BOX 640635	
City CINCINNATI State OH Zip Code 45264	

Outstanding Balance Beginning This Period <input type="text" value="3080.00"/>	Transaction ID : SD10.4834	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3080.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED CURVE SOLUTIONS	Nature of Debt (Purpose): COMPLIANCE CONSULTING
Mailing Address 138 CONANT ST 2ND FLOOR	
City BEVERLY State MA Zip Code 01915	

Outstanding Balance Beginning This Period <input type="text" value="10400.00"/>	Transaction ID : SD10.4836	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10400.00"/>

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 <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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1) SUBTOTALS This Period This Page (optional)	<input type="text" value="13480.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="13480.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="508072.14"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="521552.14"/>