RECEIVED FEC MAIL CENTER

July 11, 2018

2018 JUL 12 PM 12: 26

This letter is to inform you that I will no longer be serving as treasurer of Tallon for Congress effective July 16, 2018.

Part M. Jallon IH
Robert M. Tallon, III

018 - 07 - 12 - 03 - 00218146

FEC FORM 3

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

FEC MAIL CENTER

2018 JUL 12 PM 12: 26

Office Use Only

(Revised 05/2016)

NAME OF TYPE OR PRINT ▼ Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. MAILLION GOT GONAITIEISIS Hardin ADDRESS (number and street) Check if different than previously reported. (ACC) ZIP CODE A CITY A STATE A 2. FEC IDENTIFICATION NUMBER ▼ STATE ▼ DISTRICT 3. IS THIS **AMENDED** NEW OR **REPORT** (N) (A) 4. TYPE OF REPORT (Choose One) (b) 12-Day PRE-Election Report for the: (a) Quarterly Reports: General (12G) Primary (12P) Runoff (12R) April 15 Quarterly Report (Q1) Convention (12C) Special (12S) July 15 Quarterly Report (Q2) in the October 15 Quarterly Report (Q3) Election on State of January 31 Year-End Report (YE) 30-Day POST-Election Report for the: Special (30S) General (30G) Runoff (30R) Termination Report (TER) in the State of Election on 2018 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Kobert M. lallin Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. Office FEC FORM 3 Use

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FEC Form 3 (Revised 03/2016)	SUMMARY PAGE of Receipts and Disbursements	Page 2
Write or Type Committee Name	Tauon	
Report Covering the Period: From:	M M / D D / Y Y Y Y TO	M M / D D / Y Y Y
	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))		
(b) Total Contribution Refunds (from Line 20(d)) (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))		
7. Net Operating Expenditures (a) Total Operating Expenditures (from Line 17)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))		
Cash on Hand at Close of Reporting Period (from Line 27)	1,223,176,23	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	The state of the s	
	For further information contact: Federal Election Commission	

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

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

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(c) Other Political Committee (such as PACs)				Spening Support Names					1 0)	
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FEC Form 3 (Revised 05/2016)		D SUMMARY Disbursements	PAGE			Page 4	
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	ä	A consideration of the conside		laser les estate			
21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	Property of the second		9.70				
III. CASH	I SUMMARY						
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26. TOTAL DISBURSEMENTS THIS PERIOD 27. CASH ON HAND AT CLOSE OF REPORT (Subtract Line 26 from Line 25)	RTING PERIOD			Landon		5,0.3.9 31.7.6	The state of the s

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ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page	17 18 19a 19b
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ـــــا	Full Name (Last, First, Middle Initial)		
A.	POSTMASTER		Date of Disbursement
	Mailing Address		D4 177 2018
	City State	Zip Code	FEC Identification Number
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	Dastage - # 1127 Candidate Name	Category	/ Amount of Each Disbursement this Period
	Organization of the Control of the C	Type	2 1/ 7 5
	Office Sought: House Disbursement For Senate Primary	General	× 77
	President Other (s	pecify) ▼	Memo Item
_	Full Name (Last, First, Middle Initial)		
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	Candidate Name	TT / 428 Category	/ Amount of Each Disbursement this Period
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	Senate Primary	General	
	State: District: Other (s	pecify) 🔻	Memo Item
	Full Name (Last, First, Middle Initial)		Date of Disbursement
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	Mailing Address		041 301 20/81
	City State 54	Zip Code 29536	FEC Identification Number
	Purpose of Disbursement	School State of State	
	PAper Statement Fee - April Candidate Name	Category	Amount of Each Disbursement this Period
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	Senate Primary President Other (s	<u>∟</u> …i	Secretary of the 22 days of the second secon
	State: District:	▼	Memo Item
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SCHEDULE B	(FEC Form 3)	
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Candidate Name

House

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 17 18 19a 19b 20a 20b 20c 21
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City State SC	Zip Code 29536	FEC Identification Number
Purpose of Disbursement ADNATIM - # 1128 Candidate Name	Personal Segment Vision	
Office Sought: House Disbursement Fo		Amount of Each Disbursement this Period
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Office Sought: House Disbursement For Senate Primary President Other (r 	Memo Item
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Disbursement For:

Primary

Other (specify)

Category/ Type

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Full Name (Last, First, Middle Initial)		
A. MARSHA Blackburn for So	. + . (Date of Disbursement
Mailing Address PD Box 3750	chare comm.	05/21/2018
City	Zip Code 37024	FEC Identification Number
Brentwood TW Purpose of Disbursement Contribution ##	1429	000376939
Candidate Name Marsha Blackburn	Category	Amount of Each Disbursement this Period
Office Sought: House Disbursement For	Type:	1,00000
Senate Primary President Other (s	General	
State: N District:		Memo Item
Full Name (Last, First, Middle Initial)		Date of Disbursement
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Candidate Name	Category Type	Amount of Each Disbursement this Period
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SUBTOTAL of Disbursements This Page (optional)		>

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

HEDULE C (FEC Form ANS	3)			Use separate schedule(s) for each category of the Detailed Summary Page PAGE OF FOR LINE NUMBER: (check only one) 13
ME OF COMMITTEE (In Full)				
Phillips Jimn Mailing Address		e Initial)		Memo Item
City LAKE City	. :: S	tate 50	ZIP Coo	de Personal Funds of the Candid
Original Amount of Loan		hamaniyancolirane/Lo	nagamanngamannip	
TERMS Date Incurred	Y M	M / D I	D / Y	Interest Rate (If none, enter 0) Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
List-All-Endorsers or Guarantors 1. Full Name (Last, First, Middle	the Contract of the Contract o	<u> </u>		Name of Employer
Mailing Address	121		:	Occupation Amount
City	State	ZIP Code		Guaranteed Outstanding:
2. Full Name (Last, First, Middle I	nitial)		· · · · · · · · · · · · · · · · · · ·	Name of Employer
Mailing Address City	State	ZIP Code		Occupation Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle I	nitial)			Name of Employer
Mailing Address				Occupation
City	State	ZIP Code	:	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	nitial)		11.1	Name of Employer
Mailing Address				Occupation
City	State	ZIP Code	······································	Amount Guaranteed Outstanding:
JBTOTALS This Period This Page	(optional)			Secretary of the second part of
OTALS This Period (last page in th	<u> </u>		::'	no Schedule D, carry forward to appropriate line of Summa

CHEDULE D (FEC Form 3) EBTS AND OBLIGATIONS coluding Loans			sche for		PAGE FOR LINE NUMBE (check only one)	OF R: 9
IAME OF COMMITTEE (In Full)	<u>;</u> :.		- 	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Tarion			.:.	: : :		
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor		.:· '''.: N	lature of Deb	t (Purpose):	:::::::::::::::::::::::::::::::::::::::
Wilhelm INC.		: . [!] : :			2 Fundro	riser
Mailing Address 56 G Street SW			-:- '-	Con	sultant	
Washington	State D. C.	Zip Code 20024			·	
Outstanding Balance Beginning This Period		· · · · · · · · · · · · · · · · · · ·				
Amount Incurred This Period	Pay	ment This Period	: -::::-::::	Outstanding	Balance at Close	of This Period
Transfer and Assessment and Assessme						8200
B. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor	COMPANIES THAN REPORTED BY A 127 COMPANIES AND A CONTRACTOR OF THE SECOND		Nature of Deb	ot (Purpose):	
PAXTON - TURNER			:***	1982	Dispute	<i>d</i>
Mailing Address Rosemont Ra			.:	Me	lia Lost	
Virginia Beach	State	Zip Code 23452	: ::.			
Outstanding Balance Beginning This Period Amount Incurred This Period		yment This Period		Outstanding	Balance at Close	of This Perio
C. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor		1	Nature of Del	ot (Purpose):	
Chernofe Silven	<u> </u>		:	Dispu	sted Me	dia
Mailing Address Gervais St	,	7: 0.1	·	los		
Columbia	State 5	Zip Code 29201				
Outstanding Balance Beginning This Period		erre e e e e e e e e e e e e e e e e e	·.· .			
Amount Incurred This Period	Pa	wment This Period		Outstanding	Balance at Close	of This Perio
Amount incurred mis renounced		ingeneral management of the continues of	merapian meganining		9/1	81.42
1) SUBTOTALS This Period This Page (optional	d)	11.11.			, 1.1.5.	2.1.3.8
2). TOTALS This Period (last page this line num	nber only)		······		, 11,5°	21.3.8
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last page o	only)			, 1,0.	0000
4) ADD 2) and 3) and carry forward to approp	riate line of Sumn	nary Page (last page	e only) ►		125	2/38

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af	7-12-18
(3/2015)	DATE PREPARED