July 11, 2018

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

Robert M. Tallon III

Robert M. Tallon, III

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2018 JUL 12 PM 12:26

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

Tallon for Congress

ADDRESS (number and street) 1043 Doctor Hardy Cir

☐ Check if different than previously reported. (ACC)

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C00153684

3. IS THIS REPORT ☐ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT

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 MM / DD / YYYY in the State of

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

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 04 / 01 / 2018 through 06 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert M. Tallon III

Signature of Treasurer Robert M. Tallon III Date 07 / 09 / 2018

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 Use Only							

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name: Tallon

Report Covering the Period: From: MM / DD / YYYY To: MM / DD / YYYY

	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)	3539.70	
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))		
8. Cash on Hand at Close of Reporting Period (from Line 27)	10231769.3	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	125213.8	

For further information contact:

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

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

201807120300218147

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

TALLON

Report Covering the Period: From: M M / D D / Y Y Y Y To: M M / D D / Y Y Y Y

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)		
(ii) Unitemized		
(iii) TOTAL of contributions from individuals ▶		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add Lines 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1596535	
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	1596535	

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	353970	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	100000	
19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))		
21. OTHER DISBURSEMENTS	50000	
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	503970	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	101225128
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	1596535
25. SUBTOTAL (add Line 23 and Line 24)	102821663
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	503970
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	102317693

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

PAGE OF

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)
Fallon

A.
Full Name (Last, First, Middle Initial): STIFEL
Mailing Address: One Montgomery St.
City: San Francisco | State: CA | Zip Code: 94104
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: 06 / 30 / 2018
Amount of Each Receipt this Period: 1596535
☐ 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
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
Amount of Each Receipt this Period
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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NAME OF COMMITTEE (In Full)
TALLON - OD

A.
Full Name (Last, First, Middle Initial)
POSTMASTER
Mailing Address
City: Dillon | State: | Zip Code:
Purpose of Disbursement: POSTAGE - # 1127
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 17 / 2018
FEC Identification Number: C
Amount of Each Disbursement this Period: 24.70
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Wilson MacEwen
Mailing Address
City: Sumter | State: SC | Zip Code:
Purpose of Disbursement: Filing 2017 TAX return #1428
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 18 / 2018
FEC Identification Number: C
Amount of Each Disbursement this Period: 350.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
First Citizens Bank
Mailing Address
City: Dillon | State: SC | Zip Code: 29536
Purpose of Disbursement: Paper Statement fee - April
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 30 / 2018
FEC Identification Number: C
Amount of Each Disbursement this Period: 5.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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NAME OF COMMITTEE (In Full)
TALLON - OP-2

A.
Full Name (Last, First, Middle Initial)
First Citizens Bank
Mailing Address
City: Dillon | State: SC | Zip Code: 29536
Purpose of Disbursement: Paper Statement fee - MAY
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 31 / 2018
FEC Identification Number: C
Amount of Each Disbursement this Period: 5.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
First Citizens Bank
Mailing Address
City: Dillon | State: SC | Zip Code: 29536
Purpose of Disbursement: Paper Statement fee - April
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 29 / 2018
FEC Identification Number: C
Amount of Each Disbursement this Period: 5.00
☐ Memo Item

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

SUBTOTAL of Disbursements This Page (optional) ▶

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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NAME OF COMMITTEE (In Full)
Talon - other

A.
Full Name (Last, First, Middle Initial)
Dillon County Red Cross
Mailing Address
City: Dillon | State: SC | Zip Code: 29536
Purpose of Disbursement: donation - # 1128
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 30 / 2018
FEC Identification Number: C
Amount of Each Disbursement this Period: 50000
☐ Memo Item

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

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) ☐ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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NAME OF COMMITTEE (In Full)

TALLON - COMM.

A.

Full Name (Last, First, Middle Initial)

MARSHA BLACKBURN for Senate Comm.

Mailing Address

PO Box 3750

City: Brentwood | State: TN | Zip Code: 37024

Purpose of Disbursement: Contribution # 1429

Candidate Name: MARSHA BLACKBURN

Office Sought: ☐ House ☑ Senate ☐ President

State: TN. District:

Disbursement For: ☐ Primary ☑ General ☐ Other (specify)

Category/ Type

Date of Disbursement: 06 / 21 / 2018

FEC Identification Number: C00376939

Amount of Each Disbursement this Period: 1,000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Category/ Type

Date of Disbursement: M M / D D / Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Category/ Type

Date of Disbursement: M M / D D / Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 13a ☐ 13b

NAME OF COMMITTEE (In Full)
Tallon

LOAN SOURCE Full Name (Last, First, Middle Initial) ☐ Memo Item

Phillips Jimmie

Election: ☐ Primary ☐ General ☐ Other (specify) ▼

Mailing Address
Rt. 2

City: Lake City | State: SC | ZIP Code: 29560

☐ Personal Funds of the Candidate

Original Amount of Loan: 1,000.00 | Cumulative Payment To Date: | Balance Outstanding at Close of This Period: 10,000.00

TERMS Date Incurred (M M / D D / Y Y Y Y) Date Due (M M / D D / Y Y Y Y) Interest Rate (If none, enter 0) % (apr) Secured: ☐ Yes ☐ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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 D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full)

TALCON

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wilhelm Inc.

Mailing Address 56 G Street SW

City Washington | State D.C. | Zip Code 20024

Nature of Debt (Purpose): 1982 Fundraiser Consultant

Outstanding Balance Beginning This Period: 78200

Amount Incurred This Period:

Payment This Period:

Outstanding Balance at Close of This Period: 78200

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PAXTON - TURNER

Mailing Address 198 Rosemont Rd.

City Virginia Beach | State VA | Zip Code 23452

Nature of Debt (Purpose): 1982 Disputed Media Cost

Outstanding Balance Beginning This Period: 15596

Amount Incurred This Period:

Payment This Period:

Outstanding Balance at Close of This Period: 15596

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chernoff Silver

Mailing Address 801 Gervais St.

City Columbia | State SC | Zip Code 29201

Nature of Debt (Purpose): Disputed Media Cost

Outstanding Balance Beginning This Period: 91842

Amount Incurred This Period:

Payment This Period:

Outstanding Balance at Close of This Period: 91842

1) **SUBTOTALS** This Period This Page (optional) ▶	115238
2) **TOTALS** This Period (last page this line number only) ▶	115238
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	100000
4) **ADD** 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	125238

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TALLON
1043 Doctor Harllee Cir.
Dillon SC 29536

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

☑ **SIGNATURE REQUIRED** *Note:* The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's *mail receptacle or other secure location* without attempting to obtain the addressee's signature on delivery.

Delivery Options

☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available*)
☐ 10:30 AM Delivery Required (additional fee, where available*)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) PHONE ( )

Federal Election Commission
1050 First St. NE
Washington, DC
ZIP + 4® (U.S. ADDRESSES ONLY) 20463

☐ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
■ $100.00 insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

☑ 1-Day	☐ 2-Day	☐ Military	☐ DPO
PO ZIP Code: 29536	Scheduled Delivery Date (MM/DD/YY): 7.12.18	Postage: $ 24.70	
Date Accepted (MM/DD/YY): 7/11/18	Scheduled Delivery Time: ☐ 10:30 AM ☐ 3:00 PM ☐ 12 NOON	Insurance Fee: $	COD Fee: $
Time Accepted: 17:50 ☐ AM ☑ PM	10:30 AM Delivery Fee: $	Return Receipt Fee: $	Live Animal Transportation Fee: $
Special Handling/Fragile: $	Sunday/Holiday Premium Fee: $	Total Postage & Fees: 24.70	
Weight: 1 lbs. ozs. ☑ Flat Rate	Acceptance Employee Initials: JPM	$	

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time ☐ AM ☐ PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time ☐ AM ☐ PM	Employee Signature

LABEL 11-B, OCTOBER 2016 PSN 7690-02-000-9996 3-ADDRESSEE COPY

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2018 JUL 12 PM 12:26

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered		Date of Receipt
☐ USPS First Class Mail	Postmarked	Date of Receipt
☐ USPS Registered/Certified		Postmarked (R/C)
☐ USPS Priority Mail		Postmarked
☒ USPS Priority Mail Express		Postmarked 7-11-18
☐ Postmark Illegible		
☐ No Postmark		
☐ Overnight Delivery Service (Specify):		Shipping Date Next Business Day Delivery ☐
☐ Received from House Records & Registration Office		Date of Receipt
☐ Received from Senate Public Records Office		Date of Receipt
☐ Received from Electronic Filing Office		Date of Receipt
☐ Other (Specify):		Date of Receipt or Postmarked

af

PREPARER

7-12-18

DATE PREPARED

(3/2015)

201807120300218158