

# 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

SEAN FLYNN FOR CONGRESS

ADDRESS (number and street) 305 N. SECOND AVE. #233

Check if different than previously reported. (ACC)

UPLAND

CA

91786

2. **FEC IDENTIFICATION NUMBER** ▼

C C00602722

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CA

31

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

MM / DD / YYYY through MM / DD / YYYY  
05 / 19 / 2016 through 06 / 30 / 2016

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

Type or Print Name of Treasurer FLORA YIN

Signature of Treasurer FLORA YIN

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**SEAN FLYNN 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))....	12507.76	160041.76
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	12507.76	160041.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	135479.40	629292.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	47898.41	47898.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	87580.99	581393.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	68651.94	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	551150.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**SEAN FLYNN FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3700.00	130501.00
(ii) Unitemized.....	300.00	4283.00
(iii) TOTAL of contributions from individuals ▶	4000.00	134784.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	8507.76	25257.76
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	12507.76	160041.76
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	20000.00	490000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	20000.00	490000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	47898.41	47898.41
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	3.86
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	80406.17	697944.03

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	135479.40	629292.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	135479.40	629292.09

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	123725.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	80406.17
25. SUBTOTAL (add Line 23 and Line 24).....	204131.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	135479.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	68651.94

**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 43
	<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	

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)  
**SEAN FLYNN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES L. FULLMER**

Mailing Address 2552 WALNUT AVE., STE. 230

City TUSTIN State CA Zip Code 92780

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

Name of Employer FULLMER CONSTRUCTION Occupation EXECUTIVE

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  
 06 / 06 / 2016

**Transaction ID : INCA423**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT ZARNEGIN**

Mailing Address 421 N. BEVERLY DR., #350

City BEVERLY HILLS State CA Zip Code 90210

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

Name of Employer PROBITY INTERNATIONAL CORP. Occupation CHIEF EXECUTIVE OFFICER

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  
 05 / 26 / 2016

**Transaction ID : INCA411**

Amount of Each Receipt this Period  
 2700.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

3700.00

3700.00

**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 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**SEAN FLYNN FOR CONGRESS**

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

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 21 / 2016**

**Transaction ID : PAYA440**

Amount of Each Receipt this Period  
**71.40**

Memo Item  
 IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS

**B.** Full Name (Last, First, Middle Initial)  
**SEAN FLYNN**

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 24 / 2016**

**Transaction ID : PAYA442**

Amount of Each Receipt this Period  
**27.05**

Memo Item  
 IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS

**C.** Full Name (Last, First, Middle Initial)  
**SEAN FLYNN**

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 24 / 2016**

**Transaction ID : PAYA438**

Amount of Each Receipt this Period  
**99.00**

Memo Item  
 IN-KIND: SOFTWARE

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

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

**197.45**

**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 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>SEAN FLYNN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 25 / 2016	
Mailing Address 305 N. SECOND AVE., #233		<b>Transaction ID : NONA450</b>	
City UPLAND	State CA	Zip Code 91786	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.11	
Name of Employer SCRIPPS COLLEGE	Occupation EDUCATOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 557674.53		
		Memo Item IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS	

Full Name (Last, First, Middle Initial) <b>SEAN FLYNN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 25 / 2016	
Mailing Address 305 N. SECOND AVE., #233		<b>Transaction ID : NONA449</b>	
City UPLAND	State CA	Zip Code 91786	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 13.51	
Name of Employer SCRIPPS COLLEGE	Occupation EDUCATOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 557674.53		
		Memo Item IN-KIND: TELEPHONE CHARGES	

Full Name (Last, First, Middle Initial) <b>SEAN FLYNN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 26 / 2016	
Mailing Address 305 N. SECOND AVE., #233		<b>Transaction ID : PAYA435</b>	
City UPLAND	State CA	Zip Code 91786	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.25	
Name of Employer SCRIPPS COLLEGE	Occupation EDUCATOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 557674.53		
		Memo Item IN-KIND: ROBOCALLS	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.87
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**SEAN FLYNN FOR CONGRESS**

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

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2016

**Transaction ID : NONA451**

Amount of Each Receipt this Period  
 72.26

Memo Item  
 IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS

**B.** Full Name (Last, First, Middle Initial)  
**SEAN FLYNN**

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : PAYA417**

Amount of Each Receipt this Period  
 4150.58

Memo Item  
 IN-KIND: ROBOCALLS

**C.** Full Name (Last, First, Middle Initial)  
**SEAN FLYNN**

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2016

**Transaction ID : NONA443**

Amount of Each Receipt this Period  
 33.32

Memo Item  
 IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS

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

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

4256.16

**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 43
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**SEAN FLYNN FOR CONGRESS**

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

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : NONA444**

Amount of Each Receipt this Period  
 32.78

Memo Item  
 IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS

**B.** Full Name (Last, First, Middle Initial)  
**SEAN FLYNN**

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : PAYA436**

Amount of Each Receipt this Period  
 1627.85

Memo Item  
 IN-KIND: ROBOCALLS

**C.** Full Name (Last, First, Middle Initial)  
**SEAN FLYNN**

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016

**Transaction ID : NONA452**

Amount of Each Receipt this Period  
 26.91

Memo Item  
 IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS

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

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

1687.54

**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 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**SEAN FLYNN FOR CONGRESS**

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

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2016

**Transaction ID : NONA453**

Amount of Each Receipt this Period  
 97.25

Memo Item  
 IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS

**B.** Full Name (Last, First, Middle Initial)  
**SEAN FLYNN**

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **557674.53**

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

**Transaction ID : NONA454**

Amount of Each Receipt this Period  
 60.56

Memo Item  
 IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS

**C.** Full Name (Last, First, Middle Initial)  
**SEAN FLYNN**

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **557674.53**

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

**Transaction ID : PAYA456**

Amount of Each Receipt this Period  
 203.04

Memo Item  
 IN-KIND: BALLOONS FOR ELECTION NIGHT PARTY

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

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

360.85

**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 11 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**SEAN FLYNN FOR CONGRESS**

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

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016

**Transaction ID : PAYA462**

Amount of Each Receipt this Period  
 618.00

Memo Item  
 IN-KIND: ELECTION NIGHT PARTY

**B.** Full Name (Last, First, Middle Initial)  
**SEAN FLYNN**

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016

**Transaction ID : PAYA458**

Amount of Each Receipt this Period  
 354.15

Memo Item  
 IN-KIND: ELECTION NIGHT PARTY

**C.** Full Name (Last, First, Middle Initial)  
**SEAN FLYNN**

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016

**Transaction ID : PAYA467**

Amount of Each Receipt this Period  
 276.00

Memo Item  
 IN-KIND: ELECTION NIGHT PARTY

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

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

1248.15

**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 12 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**SEAN FLYNN FOR CONGRESS**

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

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

**Transaction ID : PAYA460**

Amount of Each Receipt this Period  
 128.43

Memo Item  
 IN-KIND: STORAGE UNIT RENTAL

**B.** Full Name (Last, First, Middle Initial)  
**SEAN FLYNN**

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2016

**Transaction ID : NONA468**

Amount of Each Receipt this Period  
 52.31

Memo Item  
 IN-KIND: TELEPHONE CHARGES

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

180.74

8507.76

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
	<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)  
**SEAN FLYNN FOR CONGRESS**

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

Mailing Address 305 N. SECOND AVE., #233

City UPLAND State CA Zip Code 91786

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

Name of Employer SCRIPPS COLLEGE Occupation EDUCATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **557674.53**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 25 / 2016**

**Transaction ID : PAYA410**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **20000.00**

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

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

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

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

Memo Item

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

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

\_\_\_\_\_ **20000.00**

\_\_\_\_\_ **20000.00**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA13A

Transaction ID : PAYA410

PERSONAL FUNDS

Form/Schedule:

Transaction ID:

# 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 15 OF 43	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**SEAN FLYNN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PRIME STRATEGY CONSULTING, LLC**

Mailing Address 1100 H STREET NW, STE. 1100

City State Zip Code  
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
47898.41

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 01 / 2016

**Transaction ID : INCA419**

Amount of Each Receipt this Period  
47898.41

Memo Item  
REFUND FROM MEDIA BUY

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

47898.41

47898.41

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 43	
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement MM / DD / YYYY 06 / 06 / 2016	
Mailing Address 200 VESEY ST.			Amount of Each Disbursement this Period 221.72	
City NEW YORK	State NY	Zip Code 10285	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/Type 001	Transaction ID : EXPB431	
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) <b>B. SEAN FLYNN</b>			Date of Disbursement MM / DD / YYYY 05 / 21 / 2016	
Mailing Address 305 N. SECOND AVE., #233			Amount of Each Disbursement this Period 71.40	
City UPLAND	State CA	Zip Code 91786	Memo Item <input type="checkbox"/>	
Purpose of Disbursement IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS		Category/Type	Transaction ID : PAYB440	
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>C. BOBO'S PIZZERIA</b>			Date of Disbursement MM / DD / YYYY 05 / 21 / 2016	
Mailing Address 202 E. 40TH ST.			Amount of Each Disbursement this Period 71.40	
City SAN BERNARDINO	State CA	Zip Code 92404	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS		Category/Type	Transaction ID : PAYBFT440PAYB440	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	293.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43			
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SEAN FLYNN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 305 N. SECOND AVE., #233		Amount of Each Disbursement this Period 99.00
City UPLAND State CA Zip Code 91786	Category/Type	
Purpose of Disbursement IN-KIND: SOFTWARE	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : PAYB438</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WHITEPAGES, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 1301 5TH AVENUE, SUITE 1600		Amount of Each Disbursement this Period 99.00
City SEATTLE State WA Zip Code 98101	Category/Type	
Purpose of Disbursement IN-KIND: SOFTWARE	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : PAYBFT438PAYB438</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SEAN FLYNN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 305 N. SECOND AVE., #233		Amount of Each Disbursement this Period 27.05
City UPLAND State CA Zip Code 91786	Category/Type	
Purpose of Disbursement IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : PAYB442</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	126.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 43	
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. POPEYES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 1064 W. HIGHLAND AVE.		Amount of Each Disbursement this Period 27.05
City SAN BERNARDINO	State CA	
Zip Code 92405	Purpose of Disbursement IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : PAYBFT442PAYB442</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SEAN FLYNN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address 305 N. SECOND AVE., #233		Amount of Each Disbursement this Period 13.51
City UPLAND	State CA	
Zip Code 91786	Purpose of Disbursement IN-KIND: TELEPHONE CHARGES	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : NONB449</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SEAN FLYNN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address 305 N. SECOND AVE., #233		Amount of Each Disbursement this Period 25.11
City UPLAND	State CA	
Zip Code 91786	Purpose of Disbursement IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : NONB450</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	38.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 43	
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SEAN FLYNN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016
Mailing Address 305 N. SECOND AVE., #233		Amount of Each Disbursement this Period 538.25
City UPLAND State CA Zip Code 91786	Purpose of Disbursement IN-KIND: ROBOCALLS	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : PAYB435</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITOL RESOURCES, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016
Mailing Address 109 WEST FRONT ST.		Amount of Each Disbursement this Period 538.25
City BROOKLYN State IA Zip Code 52211	Purpose of Disbursement IN-KIND: ROBOCALLS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : PAYBFT435PAYB435</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SEAN FLYNN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2016
Mailing Address 305 N. SECOND AVE., #233		Amount of Each Disbursement this Period 72.26
City UPLAND State CA Zip Code 91786	Purpose of Disbursement IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : NONB451</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	610.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 43	
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SEAN FLYNN</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016	
Mailing Address 305 N. SECOND AVE., #233			Amount of Each Disbursement this Period 4150.58	
City UPLAND	State CA	Zip Code 91786	Memo Item <input type="checkbox"/>	
Purpose of Disbursement IN-KIND: ROBOCALLS		Category/Type	Transaction ID : PAYB417	
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>B. CAPITOL RESOURCES, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016	
Mailing Address 109 WEST FRONT ST.			Amount of Each Disbursement this Period 4150.58	
City BROOKLYN	State IA	Zip Code 52211	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement IN-KIND: ROBOCALLS		Category/Type	Transaction ID : PAYBFT417PAYB417	
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>C. SEAN FLYNN</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016	
Mailing Address 305 N. SECOND AVE., #233			Amount of Each Disbursement this Period 33.32	
City UPLAND	State CA	Zip Code 91786	Memo Item <input type="checkbox"/>	
Purpose of Disbursement IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS		Category/Type	Transaction ID : NONB443	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4183.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 43	
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SEAN FLYNN</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016	
Mailing Address 305 N. SECOND AVE., #233			Amount of Each Disbursement this Period 1627.85	
City UPLAND	State CA	Zip Code 91786	Memo Item <input type="checkbox"/>	
Purpose of Disbursement IN-KIND: ROBOCALLS		Category/ Type	Transaction ID : PAYB436	
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>B. CAPITOL RESOURCES, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016	
Mailing Address 109 WEST FRONT ST.			Amount of Each Disbursement this Period 1627.85	
City BROOKLYN	State IA	Zip Code 52211	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement IN-KIND: ROBOCALLS		Category/ Type	Transaction ID : PAYBFT436PAYB436	
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>C. SEAN FLYNN</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016	
Mailing Address 305 N. SECOND AVE., #233			Amount of Each Disbursement this Period 32.78	
City UPLAND	State CA	Zip Code 91786	Memo Item <input type="checkbox"/>	
Purpose of Disbursement IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS		Category/ Type	Transaction ID : NONB444	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1660.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 43	
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SEAN FLYNN</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016	
Mailing Address 305 N. SECOND AVE., #233			Amount of Each Disbursement this Period 26.91	
City UPLAND	State CA	Zip Code 91786	Memo Item <input type="checkbox"/>	
Purpose of Disbursement IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS			Transaction ID : NONB452	
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>B. SEAN FLYNN</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2016	
Mailing Address 305 N. SECOND AVE., #233			Amount of Each Disbursement this Period 97.25	
City UPLAND	State CA	Zip Code 91786	Memo Item <input type="checkbox"/>	
Purpose of Disbursement IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS			Transaction ID : NONB453	
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>C. SEAN FLYNN</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016	
Mailing Address 305 N. SECOND AVE., #233			Amount of Each Disbursement this Period 60.56	
City UPLAND	State CA	Zip Code 91786	Memo Item <input type="checkbox"/>	
Purpose of Disbursement IN-KIND: FOOD FOR CAMPAIGN VOLUNTEERS			Transaction ID : NONB454	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	184.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 43			
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SEAN FLYNN</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016		
Mailing Address 305 N. SECOND AVE., #233			Amount of Each Disbursement this Period 203.04		
City UPLAND	State CA	Zip Code 91786	Memo Item <input type="checkbox"/>		
Purpose of Disbursement IN-KIND: BALLOONS FOR ELECTION NIGHT PARTY		Category/ Type	Transaction ID : PAYB456		
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>B. C9 BALLOONS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016		
Mailing Address 2621 GREEN RIVER RD.			Amount of Each Disbursement this Period 203.04		
City CORONA	State CA	Zip Code 92882	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement IN-KIND: BALLOONS FOR ELECTION NIGHT PARTY		Category/ Type	Transaction ID : PAYBFT456PAYB456		
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>C. SEAN FLYNN</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016		
Mailing Address 305 N. SECOND AVE., #233			Amount of Each Disbursement this Period 276.00		
City UPLAND	State CA	Zip Code 91786	Memo Item <input type="checkbox"/>		
Purpose of Disbursement IN-KIND: ELECTION NIGHT PARTY		Category/ Type	Transaction ID : PAYB467		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	479.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 43	
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ALOFT ONTARIO RANCHO CUCAMONGA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address 10480 FOURTH STREET		Amount of Each Disbursement this Period 618.00
City RANCHO CUCAMONGA State CA Zip Code 91730	Purpose of Disbursement IN-KIND: ELECTION NIGHT PARTY	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : PAYBFT467PAYB467</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SEAN FLYNN</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address 305 N. SECOND AVE., #233		Amount of Each Disbursement this Period 618.00
City UPLAND State CA Zip Code 91786	Purpose of Disbursement IN-KIND: ELECTION NIGHT PARTY	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : PAYB462</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ALOFT ONTARIO RANCHO CUCAMONGA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address 10480 FOURTH STREET		Amount of Each Disbursement this Period 618.00
City RANCHO CUCAMONGA State CA Zip Code 91730	Purpose of Disbursement IN-KIND: ELECTION NIGHT PARTY	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : PAYBFT462PAYB462</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	618.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 43			
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SEAN FLYNN</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016		
Mailing Address 305 N. SECOND AVE., #233			Amount of Each Disbursement this Period 354.15		
City UPLAND	State CA	Zip Code 91786	Memo Item <input type="checkbox"/>		
Purpose of Disbursement IN-KIND: ELECTION NIGHT PARTY		Category/ Type			
Candidate Name		Transaction ID : PAYB458			
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>B. ALOFT ONTARIO RANCHO CUCAMONGA</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016		
Mailing Address 10480 FOURTH STREET			Amount of Each Disbursement this Period 354.15		
City RANCHO CUCAMONGA	State CA	Zip Code 91730	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement IN-KIND: ELECTION NIGHT PARTY		Category/ Type			
Candidate Name		Transaction ID : PAYBFT458PAYB458			
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>C. SEAN FLYNN</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016		
Mailing Address 305 N. SECOND AVE., #233			Amount of Each Disbursement this Period 128.43		
City UPLAND	State CA	Zip Code 91786	Memo Item <input type="checkbox"/>		
Purpose of Disbursement IN-KIND: STORAGE UNIT RENTAL		Category/ Type			
Candidate Name		Transaction ID : PAYB460			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	482.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 43	
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CUBESMART</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016	
Mailing Address 1450 W. 23RD STREET			Amount of Each Disbursement this Period 128.43	
City SAN BERNARDINO	State CA	Zip Code 92411	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : PAYBFT460PAYB460</b>	
Purpose of Disbursement IN-KIND: STORAGE UNIT RENTAL		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>B. SEAN FLYNN</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016	
Mailing Address 305 N. SECOND AVE., #233			Amount of Each Disbursement this Period 52.31	
City UPLAND	State CA	Zip Code 91786	<input type="checkbox"/> Memo Item <b>Transaction ID : NONB468</b>	
Purpose of Disbursement IN-KIND: TELEPHONE CHARGES		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>C. FRONTIER COMMUNICATIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016	
Mailing Address P.O. BOX 740407			Amount of Each Disbursement this Period 237.63	
City CINCINNATI	State OH	Zip Code 45274	<input type="checkbox"/> Memo Item <b>Transaction ID : EXPB429</b>	
Purpose of Disbursement TELEPHONE AND INTERNET SERVICE		Category/ Type 001		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	289.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 43			
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GC STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 9508 HARVEST VISTA DR.			Amount of Each Disbursement this Period 6198.00
City RANCHO CUCAMONGA	State CA	Zip Code 91730	
Purpose of Disbursement CONSULTANT - CANVASSING		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : EXPB412</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. GC STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address 9508 HARVEST VISTA DR.			Amount of Each Disbursement this Period 500.00
City RANCHO CUCAMONGA	State CA	Zip Code 91730	
Purpose of Disbursement CONSULTANT - CANVASSING		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : EXPB422</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. GRIDIRON COMMUNICATIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 2600 W. OLIVE AVE., SUITE 500			Amount of Each Disbursement this Period 18924.86
City BURBANK	State CA	Zip Code 91505	
Purpose of Disbursement MAILERS		Category/ Type 006	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : EXPB339</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25622.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 43			
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GRIDIRON COMMUNICATIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 2600 W. OLIVE AVE., SUITE 500			Amount of Each Disbursement this Period 18924.86
City BURBANK	State CA	Zip Code 91505	
Purpose of Disbursement MAILERS		Candidate Name	Memo Item <input type="checkbox"/>
Category/ Type 006			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : EXPB340
State: District:			

Full Name (Last, First, Middle Initial) <b>B. GRIDIRON COMMUNICATIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 2600 W. OLIVE AVE., SUITE 500			Amount of Each Disbursement this Period 448.00
City BURBANK	State CA	Zip Code 91505	
Purpose of Disbursement MAILERS		Candidate Name	Memo Item <input type="checkbox"/>
Category/ Type 006			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : EXPB342
State: District:			

Full Name (Last, First, Middle Initial) <b>C. GRIDIRON COMMUNICATIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 2600 W. OLIVE AVE., SUITE 500			Amount of Each Disbursement this Period 18225.66
City BURBANK	State CA	Zip Code 91505	
Purpose of Disbursement MAILERS		Candidate Name	Memo Item <input type="checkbox"/>
Category/ Type 006			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : EXPB343
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37598.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 43	
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GRIDIRON COMMUNICATIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016	
Mailing Address 2600 W. OLIVE AVE., SUITE 500			Amount of Each Disbursement this Period 25781.60	
City BURBANK	State CA	Zip Code 91505	Memo Item <input type="checkbox"/>	
Purpose of Disbursement MAILERS		Category/ Type 006	Transaction ID : EXPB420	
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) <b>B. GS STRATEGY GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016	
Mailing Address 702 W. IDAHO ST., STE. 700			Amount of Each Disbursement this Period 8750.00	
City BOISE	State ID	Zip Code 83702	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CONSULTANT - POLLING		Category/ Type 005	Transaction ID : EXPB344	
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) <b>C. PRIME STRATEGY CONSULTING, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016	
Mailing Address 1100 H STREET NW, STE. 1100			Amount of Each Disbursement this Period 15000.00	
City WASHINGTON	State DC	Zip Code 20005	Memo Item <input type="checkbox"/>	
Purpose of Disbursement ADVERTISING - SOCIAL/DIGITAL MEDIA		Category/ Type 004	Transaction ID : EXPB341	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	49531.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 43	
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. PRIME STRATEGY CONSULTING, LLC**

Mailing Address 1100 H STREET NW, STE. 1100

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CONSULTANT - MEDIA

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 17 / 2016

Amount of Each Disbursement this Period  
3666.00

Memo Item

Transaction ID : EXPB425

Category/Type  
004

Full Name (Last, First, Middle Initial)  
**B. QGIV, INC.**

Mailing Address 53 LAKE MORTON DR.

City LAKELAND State FL Zip Code 33801

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 02 / 2016

Amount of Each Disbursement this Period  
64.19

Memo Item

Transaction ID : EXPB430

Category/Type  
001

Full Name (Last, First, Middle Initial)  
**C. REED & DAVIDSON, LLP**

Mailing Address 515 S. FIGUEROA ST., STE. 1110

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 20 / 2016

Amount of Each Disbursement this Period  
4249.59

Memo Item

Transaction ID : EXPB428

Category/Type  
001

**SUBTOTAL** of Disbursements This Page (optional)..... 7979.78

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 43	
	<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)  
**SEAN FLYNN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. REED &amp; DAVIDSON, LLP</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 515 S. FIGUEROA ST., STE. 1110		Amount of Each Disbursement this Period 4324.53
City LOS ANGELES State CA Zip Code 90071	Purpose of Disbursement LEGAL SERVICES 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : EXPB426</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MILAN J. REED</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016
Mailing Address 3970 WESTSIDE AVE.		Amount of Each Disbursement this Period 400.00
City LOS ANGELES State CA Zip Code 90008	Purpose of Disbursement PHOTOGRAPHY 006 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : EXPB424</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RHETORIKE LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2016
Mailing Address 6475 E. PACIFIC COAST HWY., #170		Amount of Each Disbursement this Period 1000.00
City LONG BEACH State CA Zip Code 90803	Purpose of Disbursement CONSULTANT - RESEARCH 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : EXPB345</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5724.53
<b>TOTAL</b> This Period (last page this line number only).....	135424.40

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC25**  
**SEAN FLYNN FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**SEAN FLYNN**  Primary  
 Mailing Address General  
 305 N. SECOND AVE., #233  Other (specify) ▼

City State ZIP Code  
 UPLAND CA 91786

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
-------------------------------------	------------------------------------	---

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 01 / 29 / 2016 M M / D D / 12/31/2016 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**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.**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : PAYC25

PERSONAL FUNDS

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SEAN FLYNN FOR CONGRESS** Transaction ID : **PAYC46**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SEAN FLYNN</b>	<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 305 N. SECOND AVE., #233		

City	State	ZIP Code
UPLAND	CA	91786

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 02	D 12	Y 2016	M M / D D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : PAYC46

PERSONAL FUNDS

Form/Schedule:

Transaction ID:

**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)  
**SEAN FLYNN FOR CONGRESS**

Transaction ID : **PAYC136**

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

**SEAN FLYNN**

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

305 N. SECOND AVE., #233

City

State

ZIP Code

UPLAND

CA

91786

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

**TERMS**

Date Incurred

03 / 25 / 2016

Date Due

12/31/2016

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)..... ▶

250000.00

**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.**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : PAYC136

PERSONAL FUNDS

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC307**  
**SEAN FLYNN FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SEAN FLYNN</b>	<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 305 N. SECOND AVE., #233		

City	State	ZIP Code
UPLAND	CA	91786

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
120000.00	0.00	120000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	05 / 10 / 2016	12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	120000.00
<b>TOTALS</b> 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.**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : PAYC307

PERSONAL FUNDS

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SEAN FLYNN FOR CONGRESS** Transaction ID : **PAYC410**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SEAN FLYNN</b>	<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 305 N. SECOND AVE., #233		

City	State	ZIP Code
UPLAND	CA	91786

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 05	D 25	Y 2016	M / D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	20000.00
<b>TOTALS</b> This Period (last page in this line only).....	490000.00
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : PAYC410

PERSONAL FUNDS

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**SEAN FLYNN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SEAN FLYNN</b>		Nature of Debt (Purpose): CAMPAIGN CONSULTING FEES (TO BE REIMBURSED)
Mailing Address 305 N. SECOND AVE., #233		
City State Zip Code UPLAND CA 91786		

Outstanding Balance Beginning This Period 35000.00	<b>Transaction ID : PAYD29</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 35000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SEAN FLYNN</b>		Nature of Debt (Purpose): CAMPAIGN CONSULTING FEES (TO BE REIMBURSED)
Mailing Address 305 N. SECOND AVE., #233		
City State Zip Code UPLAND CA 91786		

Outstanding Balance Beginning This Period 25000.00	<b>Transaction ID : PAYD182</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>GC STRATEGIES</b>		Nature of Debt (Purpose): CONSULTANT - CANVASSING
Mailing Address 9508 HARVEST VISTA DR.		
City State Zip Code RANCHO CUCAMONGA CA 91730		

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD463</b>	
Amount Incurred This Period 1150.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1150.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	61150.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**SEAN FLYNN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**REED & DAVIDSON, LLP**

Mailing Address 515 S. FIGUEROA ST., STE. 1110

City State Zip Code  
LOS ANGELES CA 90071

Nature of Debt (Purpose):  
**LEGAL SERVICES**

Outstanding Balance Beginning This Period **4324.53** **Transaction ID : PAYD408**

Amount Incurred This Period **0.00** Payment This Period **4324.53** Outstanding Balance at Close of This Period **0.00**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>0.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<b>61150.00</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<b>490000.00</b>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<b>551150.00</b>