

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

Canary Fund

ADDRESS (number and street)

PO Box 15293

Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

C C00555342

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OH

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2016

through

M M / D D / Y Y Y Y
03 / 31 / 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 Judith Zamore

Signature of Treasurer Judith Zamore

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 15 / 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

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Canary Fund

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)).... | 26750.00 | 225520.00 |
| (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))..... | 26750.00 | 225520.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 24515.24 | 58075.98 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 24515.24 | 58075.98 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 7584.02 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

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

Canary Fund

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 18250.00 | 100000.00 |
| (ii) Unitemized..... | 0.00 | 1920.00 |
| (iii) TOTAL of contributions from individuals ▶ | 18250.00 | 101920.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 8500.00 | 123600.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 26750.00 | 225520.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 26750.00 | 225520.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 24515.24 | 58075.98 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 159860.00 |
| 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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 24515.24 | 217935.98 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 5349.26 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 26750.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 32099.26 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 24515.24 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 7584.02 |

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

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

FOR LINE NUMBER: PAGE 5 OF 21
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Terrence Thompson
 Mailing Address 1209 C St NE
 Apt 1
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Credit Suisse Occupation Government Relations
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2016
Transaction ID : C6486390
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Gerald Duane Welsh Esq.
 Mailing Address 3792 Blue Water Ct
 City Powell State OH Zip Code 43065-7082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Attorney
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : C6488162
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
James E. Hyland
 Mailing Address 1101 Pennsylvania Ave NW
 Ste 600
 City Washington State DC Zip Code 20004-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennsylvania Avenue Group Occupation Attorney
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : C6488163
 Amount of Each Receipt this Period
 2000.00
 Memo Item

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

5500.00

**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 21 |
| | <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)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Dennis R. Adams

Mailing Address 5256 Aryshire Dr

City State Zip Code
Dublin OH 43017-9424

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

Name of Employer Occupation
American Share Insurance President

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : C6488164

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Curtis L. Robson

Mailing Address 4527 Withem Ct

City State Zip Code
Hilliard OH 43026-8907

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

Name of Employer Occupation
American Share Insurance Vice President

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : C6488165

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
John J. McMackin Jr.

Mailing Address 701 8th St NW
Ste 500

City State Zip Code
Washington DC 20001-3965

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

Name of Employer Occupation
Williams & Jensen, PLLC Attorney

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : C6546045

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

5500.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 21 |
| | <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)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Susan Tomasky

Mailing Address 90 Ashbourne Rd

City Columbus State OH Zip Code 43209-1451

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

Name of Employer Not Employed Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016

Transaction ID : C6482008

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 109 E Howell Ave

City Alexandria State VA Zip Code 22301-1305

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

Name of Employer Bockorny Group Occupation Government Relations

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016

Transaction ID : C6473789

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
John F. Jonas

Mailing Address 5840 Colfax Ave

City Alexandria State VA Zip Code 22311

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

Name of Employer Patton Boggs, LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : C6556529

Amount of Each Receipt this Period
250.00

Memo Item

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

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

2750.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 21 |
| | <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)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Matthew Hersha

Mailing Address 3179 Dunlavin Glen Rd

City Columbus State OH Zip Code 43221-4419

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

Name of Employer United Art & Education, Inc. Occupation Associate

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt 02 / 20 / 2016

Transaction ID : C6511136A

Amount of Each Receipt this Period 1000.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt 02 / 21 / 2016

Transaction ID : C6511136AB

Amount of Each Receipt this Period 1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Robert D. Marotta Esq.

Mailing Address 2294 Club Rd

City Columbus State OH Zip Code 43221-4003

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

Name of Employer WebMD Health Corporation Occupation Senior Vice President

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 01 / 05 / 2016

Transaction ID : C6474846A

Amount of Each Receipt this Period 1000.00

Memo Item

* Earmarked Contribution: See Below

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

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

2000.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 21 |
| | <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)
Canary Fund

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date **4500.00**

Date of Receipt **01 / 10 / 2016**

Transaction ID : C6474846AB

Amount of Each Receipt this Period **1000.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **1301 Pennsylvania Ave NW Ste 1050**

City **Washington** State **DC** Zip Code **20004-1702**

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

Name of Employer **FHL Bank Pittsburgh** Occupation **Director of Government Relations**

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date **3500.00**

Date of Receipt **03 / 17 / 2016**

Transaction ID : C6562288A

Amount of Each Receipt this Period **2500.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date **4500.00**

Date of Receipt **03 / 20 / 2016**

Transaction ID : C6562288AB

Amount of Each Receipt this Period **2500.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

2500.00

18250.00

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

| | | | |
|---|-------------------------------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 21 |
| <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" 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)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Mechanical Contractors Association of America PAC

Mailing Address 1385 Piccard Dr

City State Zip Code
Rockville MD 20850-4329

FEC ID number of contributing federal political committee. **C C00343590**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : C6556530

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Manufactured Housing Institute

Mailing Address 2111 Wilson Blvd
Ste 100

City State Zip Code
Arlington VA 22201-3088

FEC ID number of contributing federal political committee. **C C00043463**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : C6556531

Amount of Each Receipt this Period
3500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Intuit 21st Century Leadership Fund

Mailing Address 2700 Coast Avenue

City State Zip Code
Mountain View CA 94043

FEC ID number of contributing federal political committee. **C C00361741**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 03 / 2016

Transaction ID : C6491749

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

8500.00

8500.00

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 21 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Canary Fund

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. NGP-VAN, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016 |
| Mailing Address 1101 15th St NW Ste 500 | | Amount of Each Disbursement this Period 300.00 |
| City Washington | State DC | |
| Zip Code 20005-5006 | Purpose of Disbursement Software | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : D448580 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2016 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 39.50 |
| City Somerville | State MA | |
| Zip Code 02144-3132 | Purpose of Disbursement Merchant Fees | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : D447421 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 98.75 |
| City Somerville | State MA | |
| Zip Code 02144-3132 | Purpose of Disbursement Merchant Fees | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : D448531 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 438.25 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 12 OF 21 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Canary Fund

| | | | | |
|---|--|-------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Washington Nationals Stadium, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016 | |
| Mailing Address 1500 S Capitol St SE Nationals Park | | | Amount of Each Disbursement this Period 494.00 | |
| City Washington | State DC | Zip Code 20003-3599 | <input type="checkbox"/> Memo Item | |
| Purpose of Disbursement Gifts | | Category/ Type | Transaction ID : D448601 | |
| 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. ActBlue Technical Services | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2016 | |
| Mailing Address 366 Summer St | | | Amount of Each Disbursement this Period 39.50 | |
| City Somerville | State MA | Zip Code 02144-3132 | <input type="checkbox"/> Memo Item | |
| Purpose of Disbursement Merchant Fees | | Category/ Type | Transaction ID : D445173 | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ | District: _____ | | | |

| | | | | |
|---|--|-------------------------------|--|--|
| Full Name (Last, First, Middle Initial) c. Disney Destinations | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016 | |
| Mailing Address PO Box 403411 | | | Amount of Each Disbursement this Period 1921.10 | |
| City Atlanta | State GA | Zip Code 30384-3411 | <input type="checkbox"/> Memo Item | |
| Purpose of Disbursement Travel & Catering | | Category/ Type | Transaction ID : D448579 | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ | District: _____ | | | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2454.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 13 OF 21 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Canary Fund

| | | | | |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Kimberly A. Kauffman | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016 | |
| Mailing Address 615 G St SE | | | Amount of Each Disbursement this Period 9662.25 | |
| City Washington | State DC | Zip Code 20003-2723 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement Reimburse Travel & Facility Rental | | Category/ Type | | |
| Candidate Name | | | Transaction ID : D447687 | |
| 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. Disney's Grand Floridian Resort | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016 | |
| Mailing Address 4401 Floridian Way | | | Amount of Each Disbursement this Period 9662.25 | |
| City Orlando | State FL | Zip Code 32830 | Memo Item <input checked="" type="checkbox"/> | |
| Purpose of Disbursement Travel & Facility Rental | | Category/ Type | | |
| Candidate Name | | | Transaction ID : D447688 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Kimberly A. Kauffman | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016 | |
| Mailing Address 615 G St SE | | | Amount of Each Disbursement this Period 187.59 | |
| City Washington | State DC | Zip Code 20003-2723 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement Reimburse Travel | | Category/ Type | | |
| Candidate Name | | | Transaction ID : D447689 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 9849.84 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 14 OF 21 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Canary Fund

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. American Airlines | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016 |
| Mailing Address PO Box 619612 | | Amount of Each Disbursement this Period 187.59 |
| City Dallas | State TX | |
| Zip Code 75261-9612 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item Transaction ID : D447690 |
| Candidate Name | Category/Type | |
| 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. Capitol Compliance Associates, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016 |
| Mailing Address PO Box 15293 | | Amount of Each Disbursement this Period 3.45 |
| City Washington | State DC | |
| Zip Code 20003-0293 | Purpose of Disbursement Reimburse Postage | <input type="checkbox"/> Memo Item Transaction ID : D447691 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Kimberly A. Kauffman | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016 |
| Mailing Address 615 G St SE | | Amount of Each Disbursement this Period 1854.00 |
| City Washington | State DC | |
| Zip Code 20003-2723 | Purpose of Disbursement Reimburse Travel | <input type="checkbox"/> Memo Item Transaction ID : D447693 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1857.45 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 21 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Canary Fund

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. AAGetawaycoaches.com, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016 |
| Mailing Address PO Box 131497 | | Amount of Each Disbursement this Period 1854.00 |
| City Staten Island | State NY | |
| Zip Code 10313-1497 | | <input checked="" type="checkbox"/> Memo Item Transaction ID : D447694 |
| Purpose of Disbursement Travel | | |
| Candidate Name | | Category/ Type |
| 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. Kimberly A. Kauffman | | Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016 |
| Mailing Address 615 G St SE | | Amount of Each Disbursement this Period 3324.33 |
| City Washington | State DC | |
| Zip Code 20003-2723 | | <input type="checkbox"/> Memo Item Transaction ID : D448581 |
| Purpose of Disbursement Reimburse Catering | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Space Coast Stadium | | Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016 |
| Mailing Address 5800 Stadium Pkwy Ste 101 | | Amount of Each Disbursement this Period 3324.33 |
| City Melbourne | State FL | |
| Zip Code 32940-8013 | | <input checked="" type="checkbox"/> Memo Item Transaction ID : D448582 |
| Purpose of Disbursement Catering | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3324.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 21 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Canary Fund

| | | | | | |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Josh Kramer | | | Date of Disbursement MM / DD / YYYY 03 / 25 / 2016 | | |
| Mailing Address 328 Massachusetts Ave NE | | | Amount of Each Disbursement this Period 2147.65 | | |
| City Washington | State DC | Zip Code 20002-5702 | <input type="checkbox"/> Memo Item Transaction ID : D448583 | | |
| Purpose of Disbursement Reimburse Catering & Travel | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mears Taxi | | | Date of Disbursement MM / DD / YYYY 03 / 25 / 2016 | | |
| Mailing Address 324 W Gore St | | | Amount of Each Disbursement this Period 114.00 | | |
| City Orlando | State FL | Zip Code 32806-1037 | <input checked="" type="checkbox"/> Memo Item Transaction ID : D448590 | | |
| Purpose of Disbursement Travel | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) c. Mears Taxi | | | Date of Disbursement MM / DD / YYYY 03 / 25 / 2016 | | |
| Mailing Address 324 W Gore St | | | Amount of Each Disbursement this Period 88.50 | | |
| City Orlando | State FL | Zip Code 32806-1037 | <input checked="" type="checkbox"/> Memo Item Transaction ID : D448591 | | |
| Purpose of Disbursement Travel | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2147.65 |
| TOTAL This Period (last page this line number only)..... | |

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

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

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)
Canary Fund

| | | | | |
|--|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Trattoria Alberto | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016 | |
| Mailing Address 506 8th St SE | | | Amount of Each Disbursement this Period 1835.02 | |
| City Washington | State DC | Zip Code 20003-2834 | <input checked="" type="checkbox"/> Memo Item Transaction ID : D448592 | |
| Purpose of Disbursement Catering | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

| | | | | |
|--|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Disney's Grand Floridian Resort | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016 | |
| Mailing Address 4401 Floridian Way | | | Amount of Each Disbursement this Period 42.45 | |
| City Orlando | State FL | Zip Code 32830 | <input checked="" type="checkbox"/> Memo Item Transaction ID : D448593 | |
| Purpose of Disbursement Travel | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

| | | | | |
|--|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Josh Kramer | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016 | |
| Mailing Address 328 Massachusetts Ave NE | | | Amount of Each Disbursement this Period 1024.53 | |
| City Washington | State DC | Zip Code 20002-5702 | <input type="checkbox"/> Memo Item Transaction ID : D448594 | |
| Purpose of Disbursement Reimburse Catering | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1024.53 |
| TOTAL This Period (last page this line number only)..... | |

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

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

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)
Canary Fund

| | | | | | |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. Trattoria Alberto | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016 | | |
| Mailing Address 506 8th St SE | | | Amount of Each Disbursement this Period 1024.53 | | |
| City Washington | State DC | Zip Code 20003-2834 | Category/ Type | | |
| Purpose of Disbursement Catering | | | | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item Transaction ID : D448595 | | | |
| 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. Josh Kramer | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016 | | |
| Mailing Address 328 Massachusetts Ave NE | | | Amount of Each Disbursement this Period 14.25 | | |
| City Washington | State DC | Zip Code 20002-5702 | Category/ Type | | |
| Purpose of Disbursement Reimburse Travel | | | | | |
| Candidate Name | | <input type="checkbox"/> Memo Item Transaction ID : D448596 | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) c. The Kauffman Group | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016 | | |
| Mailing Address 328 Massachusetts Ave NE | | | Amount of Each Disbursement this Period 1261.44 | | |
| City Washington | State DC | Zip Code 20002-5702 | Category/ Type | | |
| Purpose of Disbursement Reimburse Catering | | | | | |
| Candidate Name | | <input type="checkbox"/> Memo Item Transaction ID : D448599 | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1275.69 |
| TOTAL This Period (last page this line number only)..... | |

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

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

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)
Canary Fund

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Levys Restaurants | | Date of Disbursement MM / DD / YYYY 01 / 19 / 2016 |
| Mailing Address 601 F St NW | | Amount of Each Disbursement this Period 2142.90 |
| City Washington | State DC | |
| Zip Code 20004 | Purpose of Disbursement Catering | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : D448600 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. The Kauffman Group | | Date of Disbursement MM / DD / YYYY 02 / 04 / 2016 |
| Mailing Address 328 Massachusetts Ave NE | | Amount of Each Disbursement this Period 2142.90 |
| City Washington | State DC | |
| Zip Code 20002-5702 | Purpose of Disbursement Reimburse Travel | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : D448602 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. JetBlue Airways | | Date of Disbursement MM / DD / YYYY 02 / 04 / 2016 |
| Mailing Address PO Box 17435 | | Amount of Each Disbursement this Period 201.10 |
| City Salt Lake City | State UT | |
| Zip Code 84117-0435 | Purpose of Disbursement Travel | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : D448610 |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2142.90 |
| TOTAL This Period (last page this line number only)..... | |

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

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

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)
Canary Fund

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. JetBlue Airways | | Date of Disbursement MM / DD / YYYY 02 / 04 / 2016 |
| Mailing Address PO Box 17435 | | Amount of Each Disbursement this Period 181.10 |
| City Salt Lake City | State UT | |
| Zip Code 84117-0435 | Purpose of Disbursement Travel | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : D448603 |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. JetBlue Airways | | Date of Disbursement MM / DD / YYYY 02 / 04 / 2016 |
| Mailing Address PO Box 17435 | | Amount of Each Disbursement this Period 181.10 |
| City Salt Lake City | State UT | |
| Zip Code 84117-0435 | Purpose of Disbursement Travel | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : D448605 |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. JetBlue Airways | | Date of Disbursement MM / DD / YYYY 02 / 04 / 2016 |
| Mailing Address PO Box 17435 | | Amount of Each Disbursement this Period 181.10 |
| City Salt Lake City | State UT | |
| Zip Code 84117-0435 | Purpose of Disbursement Travel | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : D448606 |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

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)
Canary Fund

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. American Airlines | | Date of Disbursement MM / DD / YYYY 02 / 04 / 2016 |
| Mailing Address PO Box 619612 | | Amount of Each Disbursement this Period 945.30 |
| City Dallas | State TX | |
| Zip Code 75261-9612 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item Transaction ID : D448607 |
| Candidate Name | Category/Type | |
| 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. American Airlines | | Date of Disbursement MM / DD / YYYY 02 / 04 / 2016 |
| Mailing Address PO Box 619612 | | Amount of Each Disbursement this Period 151.10 |
| City Dallas | State TX | |
| Zip Code 75261-9612 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item Transaction ID : D448608 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. American Airlines | | Date of Disbursement MM / DD / YYYY 02 / 04 / 2016 |
| Mailing Address PO Box 619612 | | Amount of Each Disbursement this Period 186.10 |
| City Dallas | State TX | |
| Zip Code 75261-9612 | Purpose of Disbursement Travel | <input checked="" type="checkbox"/> Memo Item Transaction ID : D448609 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 24515.24 |