

**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  
Tim Canova for Congress

ADDRESS (number and street) 2028 Harrison Street Suite 102  
 Check if different than previously reported. (ACC)  
Hollywood FL 33020  
CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼  C C00602920  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
STATE ▼ DISTRICT FL 23

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  /  /  in the State of   
(c) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  01 /  01 /  2017 through  03 /  31 /  2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Fulbright, Yates, Edison, , Jr.  
Type or Print Name of Treasurer  
Signature of Treasurer Fulbright, Yates, Edison, , Jr. [Electronically Filed] Date  04 /  13 /  2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Tim Canova for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	4.58	274.86
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	7675.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4.58	-7400.14
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	26905.88	72819.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	216.75	3547.05
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	26689.13	69272.82
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	3343.45	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	20060.80	

**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 05/2016)

Write or Type Committee Name

Tim Canova for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	4.58	274.86
(iii) TOTAL of contributions from individuals ▶	4.58	274.86
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4.58	274.86
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.) .....	216.75	3547.05
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	2.78	30.41
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	224.11	3852.32

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26905.88	72819.87
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	7675.00
(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	7675.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	26905.88	80494.87

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	30025.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	224.11
25. SUBTOTAL (add Line 23 and Line 24).....	30249.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26905.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3343.45

**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 17  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  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)  
**Tim Canova for Congress**

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

Mailing Address P.O. Box 530098

City Atlanta State GA Zip Code 30353

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

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 216.75

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 27 2017

**Transaction ID : C11404021**

Amount of Each Receipt this Period  
 216.75

Memo Item

Telephone & Internet Refund

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.75
<b>TOTAL</b> This Period (last page this line number only).....▶	216.75

**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 6 OF 17			
	<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)  
**Tim Canova for Congress**

Full Name (Last, First, Middle Initial) <b>A. AvMed</b>		Date of Disbursement
Mailing Address 150 Sawgrass Drive		M M / D D / Y Y Y Y 01 / 04 / 2017
City Rochester	State NY	Zip Code 14620
Purpose of Disbursement Health Insurance	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 623.21	
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 : D798834
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Broad and Cassel</b>		Date of Disbursement
Mailing Address 215 S. Monroe Street Suite 400		M M / D D / Y Y Y Y 03 / 01 / 2017
City Tallahassee	State FL	Zip Code 32301
Purpose of Disbursement Legal Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2860.00	
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 : D800466
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. Broad and Cassel</b>		Date of Disbursement
Mailing Address 215 S. Monroe Street Suite 400		M M / D D / Y Y Y Y 03 / 29 / 2017
City Tallahassee	State FL	Zip Code 32301
Purpose of Disbursement Legal Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1360.00	
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 : D800467
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4843.21
<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 7 OF 17			
	<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)  
**Tim Canova for Congress**

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2017
Mailing Address P.O. Box 530098		FEC Identification Number C
City Atlanta	State GA	Zip Code 30353
Purpose of Disbursement Internet and Cable		Amount of Each Disbursement this Period 213.34
Candidate Name		Transaction ID : D798837
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dion, Deborah, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2017
Mailing Address 1660 NE 135th Street, Apt. 12		FEC Identification Number C
City North Miami	State FL	Zip Code 33181
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 2264.20
Candidate Name		Transaction ID : D798843
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dion, Deborah, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2017
Mailing Address 1660 NE 135th Street, Apt. 12		FEC Identification Number C
City North Miami	State FL	Zip Code 33181
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 2264.20
Candidate Name		Transaction ID : D800191
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4741.74
<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 8 OF 17			
	<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)  
**Tim Canova for Congress**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Internet Services		Amount of Each Disbursement this Period 85.00
Candidate Name	Category/ Type	Transaction ID : D800196
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Internet Services		Amount of Each Disbursement this Period 85.00
Candidate Name	Category/ Type	Transaction ID : D800185
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Internet Services		Amount of Each Disbursement this Period 85.00
Candidate Name	Category/ Type	Transaction ID : D800654
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	255.00
<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 9 OF 17			
	<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)  
**Tim Canova for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hanoy Holdings Limited</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2017		
Mailing Address 2028 Harrison Street, Suite 101			FEC Identification Number C		
City Hollywood	State FL	Zip Code 33020	Amount of Each Disbursement this Period 3180.00		
Purpose of Disbursement Office Rent		Category/ Type	Transaction ID : D798832		
Candidate Name		Memo Item <input type="checkbox"/>			
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. Help Scout</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2017		
Mailing Address 131 Tremont Street 3rd Floor			FEC Identification Number C		
City Boston	State MA	Zip Code 02111	Amount of Each Disbursement this Period 60.00		
Purpose of Disbursement E-mail Service		Category/ Type	Transaction ID : D800657		
Candidate Name		Memo Item <input type="checkbox"/>			
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. Help Scout</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2017		
Mailing Address 131 Tremont Street 3rd Floor			FEC Identification Number C		
City Boston	State MA	Zip Code 02111	Amount of Each Disbursement this Period 60.00		
Purpose of Disbursement E-mail Service		Category/ Type	Transaction ID : D800187		
Candidate Name		Memo Item <input type="checkbox"/>			
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).....▶	3300.00
<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 10 OF 17			
	<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)  
**Tim Canova for Congress**

Full Name (Last, First, Middle Initial) <b>A. Help Scout</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2017
Mailing Address 131 Tremont Street 3rd Floor		FEC Identification Number C
City Boston	State MA	Zip Code 02111
Purpose of Disbursement E-mail Service		Amount of Each Disbursement this Period 60.00
Candidate Name		Transaction ID : D800201
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Melo, Daniel, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2017
Mailing Address 4047 Palm Place		FEC Identification Number C
City Weston	State FL	Zip Code 33331
Purpose of Disbursement Financial Consulting		Amount of Each Disbursement this Period 2687.50
Candidate Name		Transaction ID : D800873
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2017
Mailing Address 1445 New York Avenue NW Suite 200		FEC Identification Number C
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Database Software		Amount of Each Disbursement this Period 1612.50
Candidate Name		Transaction ID : D800207
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4360.00
<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 11 OF 17			
	<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)  
**Tim Canova for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Workers' Compensation Insurance		Amount of Each Disbursement this Period 25.01
Candidate Name		Transaction ID : D800658
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Workers' Compensation Insurance		Amount of Each Disbursement this Period 24.14
Candidate Name		Transaction ID : D800655
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Workers' Compensation Insurance		Amount of Each Disbursement this Period 25.01
Candidate Name		Transaction ID : D800202
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	74.16
<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 12 OF 17			
	<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)  
**Tim Canova for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2017		
Mailing Address 3060 Williams Drive, Suite 200			FEC Identification Number C		
City Fairfax	State VA	Zip Code 22031	Amount of Each Disbursement this Period 24.14		
Purpose of Disbursement Workers' Compensation Insurance		Category/ Type	Transaction ID : D800199		
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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2017		
Mailing Address 3060 Williams Drive, Suite 200			FEC Identification Number C		
City Fairfax	State VA	Zip Code 22031	Amount of Each Disbursement this Period 1584.90		
Purpose of Disbursement Payroll Taxes		Category/ Type	Transaction ID : D800193		
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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2017		
Mailing Address 3060 Williams Drive, Suite 200			FEC Identification Number C		
City Fairfax	State VA	Zip Code 22031	Amount of Each Disbursement this Period 117.66		
Purpose of Disbursement Payroll Processing Fees		Category/ Type	Transaction ID : D800194		
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) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1726.70
<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 13 OF 17			
	<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)  
**Tim Canova for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Workers' Compensation Insurance		Amount of Each Disbursement this Period 29.18
Candidate Name		Transaction ID : D800195
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Payroll Taxes		Amount of Each Disbursement this Period 1584.91
Candidate Name		Transaction ID : D798851
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2017
Mailing Address 3060 Williams Drive, Suite 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Workers' Compensation Insurance		Amount of Each Disbursement this Period 19.97
Candidate Name		Transaction ID : D798852
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1634.06
<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 14 OF 17			
	<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)  
**Tim Canova for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement
Mailing Address 3060 Williams Drive, Suite 200		M M / D D / Y Y Y Y 01 / 13 / 2017
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Payroll Processing	FEC Identification Number C	
Candidate Name	Amount of Each Disbursement this Period 652.91	
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 : D798853
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Shughaworks, LLC</b>		Date of Disbursement
Mailing Address 135 E. 32nd Street, #2		M M / D D / Y Y Y Y 03 / 17 / 2017
City Brooklyn	State NY	Zip Code 11226
Purpose of Disbursement Legal Services	FEC Identification Number C	
Candidate Name	Amount of Each Disbursement this Period 2000.00	
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 : D800468
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. Tehranian, Farbod, S., ,</b>		Date of Disbursement
Mailing Address 18558 NW 22nd St		M M / D D / Y Y Y Y 01 / 13 / 2017
City Pembroke Pines	State FL	Zip Code 33029
Purpose of Disbursement Salary	FEC Identification Number C	
Candidate Name	Amount of Each Disbursement this Period 1310.07	
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 : D798844
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3962.98
<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)  
 17     18     19a     19b  
 20a     20b     20c     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)  
**Tim Canova for Congress**

Full Name (Last, First, Middle Initial)  
**A. Tehranian, Farbod, S., ,**

Mailing Address 18558 NW 22nd St

City Pembroke Pines    State FL    Zip Code 33029

Purpose of Disbursement Salary

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  
01 / 30 / 2017

FEC Identification Number  
C

Amount of Each Disbursement this Period  
1310.08

Transaction ID : D800192

Memo Item

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

Mailing Address

City    State    Zip Code

Purpose of Disbursement

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

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City    State    Zip Code

Purpose of Disbursement

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

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1310.08
<b>TOTAL</b> This Period (last page this line number only).....▶	26207.93

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

NAME OF COMMITTEE (In Full) **Transaction ID : L1250**  
**Tim Canova for Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Canova, Timothy, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 22-1868			
City Hollywood	State FL	ZIP Code 33022	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
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<b>TERMS</b>	Date Incurred M 01 / D 06 / Y 2016	Date Due M M / D D / On Demand	Interest Rate (If none, enter 0) N/A % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	15000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	15000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Tim Canova for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Canova, Timothy, , ,</b>			Nature of Debt (Purpose): Online Advertising (Blueprint Interactive)
Mailing Address P.O. Box 22-1868			
City Hollywood	State FL	Zip Code 33022	

Outstanding Balance Beginning This Period <input type="text" value="5060.80"/>		<b>Transaction ID : D784428</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5060.80"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

<b>1) SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="5060.80"/>
<b>2) TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="5060.80"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text" value="15000.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text" value="20060.80"/>