

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CARLY FOR AMERICA

ADDRESS (number and street) PO BOX 25647 ALEXANDRIA VA 22313-5674

2. FEC IDENTIFICATION NUMBER C C00610568 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 10 / 20 / 2016 through 11 / 28 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. HANKINS, BRENDA, , , Type or Print Name of Treasurer

Signature of Treasurer HANKINS, BRENDA, , , [Electronically Filed] Date 12 / 08 / 2016

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 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CARLY FOR AMERICA

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="0"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="310768.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15733.09"/>	<input type="text" value="1012562.84"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="326501.42"/>	<input type="text" value="1012562.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="217674.90"/>	<input type="text" value="903736.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="108826.52"/>	<input type="text" value="108826.52"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 05/2016)

Write or Type Committee Name

CARLY FOR AMERICA

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 20 / 2016 To: M M / D D / Y Y Y Y 11 / 28 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3450.00	12125.00
(ii) Unitemized	12283.09	60437.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15733.09	72562.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15733.09	112562.67
12. Transfers From Affiliated/Other Party Committees.....	0.00	300000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.17
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	600000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	15733.09	1012562.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15733.09	1012562.84

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	97773.79	295691.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	97773.79	295691.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	80000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	110401.11	528044.36
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	217674.90	903736.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	217674.90	903736.32

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15733.09	112562.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15733.09	112562.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	97773.79	295691.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.17
38. Net Operating Expenditures (subtract Line 37 from Line 36)	97773.79	295691.79

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 94
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)
CARLY FOR AMERICA

A. BAUR, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9008 HAVERFORD TERRACE LANE
 City SAINT LOUIS State MO Zip Code 63117-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11A.347074
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. BLACKWELL, JAMES, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12519 WESTMERE
 City HOUSTON State TX Zip Code 77077-3927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11A.347143
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. CONNOR, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 ALLERTON ST
 TULULA77@MAC.COM
 City BROOKLINE State MA Zip Code 02445-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) POLYVINYL FILMS Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 22 / 2016
Transaction ID : SA11A.347062
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 94
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. COPPLE, LYNDA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6205 ORCHARD PARK DRIVE

City FRISCO	State TX	Zip Code 75034-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2016

Transaction ID : SA11A.347035

Amount of Each Receipt this Period
200.00

Memo Item CONTRIBUTION

B. GRUEN, DAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 4439 PALOS VERDES PENINSULA

City PALOS VERDES PENIN	State CA	Zip Code 90274-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GRUEN FINANCIAL MANAGEMENT	Occupation (for Individual) INVESTMENTS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11A.346962

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

C. INGOGLIA, PATRICIA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 40TH ST

City SACRAMENTO	State CA	Zip Code 95819-4031
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2016

Transaction ID : SA11A.346855

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 94
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. MANDLER, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 UNDERCLIFF TERRACE

City WEST ORANGE	State NJ	Zip Code 07052-3930
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MANDEL, KATZ & BROSNAN LLP	Occupation (for Individual) ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11A.347002

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. MANDLER, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 UNDERCLIFF TERRACE

City WEST ORANGE	State NJ	Zip Code 07052-3930
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MANDEL, KATZ & BROSNAN LLP	Occupation (for Individual) ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2016

Transaction ID : SA11A.347044

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. RISOEN, THOR, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 CHATEAU LANE

City PEACHTREE CITY	State GA	Zip Code 30269-2723
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HARTZOG, RISOEN & SWORDSMA, LLC	Occupation (for Individual) CPA
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11A.346983

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 94
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RISOEN, THOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 CHATEAU LANE
 City PEACHTREE CITY State GA Zip Code 30269-2723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HARTZOG, RISOEN & SWORDSMA, LLC Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11A.347157
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. SIMS, HAROLD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 536 BUFFLEHEAD DRIVE
 City JOHNS ISLAND State SC Zip Code 29455-5791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11A.347109
 Amount of Each Receipt this Period 400.00
 Memo Item CONTRIBUTION

C. WYNN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 322
 City PARSONSBURG State MD Zip Code 21849-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2016
Transaction ID : SA11A.347020
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	3450.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. ELDER, KRISTIN, , ,		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 836 PENDLETON DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7934	
City SALEM	State VA	Zip Code 24153	Amount of Each Disbursement this Period 10400.00
Purpose of Disbursement CAMPAIGN CONSULTING		Category/Type	Memo Item <input type="checkbox"/>
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. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 11 / 25 / 2016	
Mailing Address 200 VESEY ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7936	
City NEW YORK	State NY	Zip Code 10285	Amount of Each Disbursement this Period 43963.55
Purpose of Disbursement CREDIT CARD PAYMENT		Category/Type	Memo Item <input type="checkbox"/>
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7951	
City FORT WORTH	State TX	Zip Code 76155	Amount of Each Disbursement this Period 367.47 AMEX, 11/25
Purpose of Disbursement TRAVEL		Category/Type	Memo Item <input checked="" type="checkbox"/>
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).....▶	54363.55
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I7952

Amount of Each Disbursement this Period

1	1	8	1	0
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AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I7953

Amount of Each Disbursement this Period

1	1	8	1	0
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AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I7954

Amount of Each Disbursement this Period

2	2	5	1	0
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AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0	0	0
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0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I7955

Amount of Each Disbursement this Period

225.10

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I7956

Amount of Each Disbursement this Period

866.10

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I7957

Amount of Each Disbursement this Period

866.10

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 26 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7958
Amount of Each Disbursement this Period: 496.10
AMEX, 11/25
 Memo Item

B. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 26 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7959
Amount of Each Disbursement this Period: 496.10
AMEX, 11/25
 Memo Item

C. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7960
Amount of Each Disbursement this Period: 278.60
AMEX, 11/25
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2016			

FEC Identification Number

C

Transaction ID : SB21B.I7961

Amount of Each Disbursement this Period

278.60

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2016			

FEC Identification Number

C

Transaction ID : SB21B.I7962

Amount of Each Disbursement this Period

348.60

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2016			

FEC Identification Number

C

Transaction ID : SB21B.I7963

Amount of Each Disbursement this Period

348.60

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7964
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 349.10	
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7965
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 349.10	
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 10 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7966
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 331.10	
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2016			

FEC Identification Number

C

Transaction ID : SB21B.I7967

Amount of Each Disbursement this Period

276.10

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2016			

FEC Identification Number

C

Transaction ID : SB21B.I7968

Amount of Each Disbursement this Period

348.60

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2016			

FEC Identification Number

C

Transaction ID : SB21B.I7969

Amount of Each Disbursement this Period

11.98

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7970
Amount of Each Disbursement this Period: 8.99
AMEX, 11/25
 Memo Item

B. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7971
Amount of Each Disbursement this Period: -866.10
AMEX, 11/25
 Memo Item

C. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7972
Amount of Each Disbursement this Period: -866.10
AMEX, 11/25
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7973

Amount of Each Disbursement this Period: -18.00

AMEX, 11/25

Memo Item

B. AMTRAK

Full Name (Last, First, Middle Initial)

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 23 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7980

Amount of Each Disbursement this Period: -378.00

AMEX, 11/25

Memo Item

C. DELTA

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7998

Amount of Each Disbursement this Period: 418.60

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. DELTA

Full Name (Last, First, Middle Initial)
Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7999

Amount of Each Disbursement this Period: 418.60

AMEX, 11/25

Memo Item

B. DELTA

Full Name (Last, First, Middle Initial)
Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8000

Amount of Each Disbursement this Period: 422.10

AMEX, 11/25

Memo Item

C. DELTA

Full Name (Last, First, Middle Initial)
Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8001

Amount of Each Disbursement this Period: 422.10

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City
ATLANTA

State
GA

Zip Code
30320

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I8002

Amount of Each Disbursement this Period

515.10

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA

Mailing Address 1030 DELTA BLVD

City
ATLANTA

State
GA

Zip Code
30320

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I8003

Amount of Each Disbursement this Period

515.10

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA

Mailing Address 1030 DELTA BLVD

City
ATLANTA

State
GA

Zip Code
30320

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I8004

Amount of Each Disbursement this Period

-515.10

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. DELTA

Full Name (Last, First, Middle Initial)
Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8005
Amount of Each Disbursement this Period: -515.10
AMEX, 11/25

Memo Item

B. DELTA

Full Name (Last, First, Middle Initial)
Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8006
Amount of Each Disbursement this Period: 465.10
AMEX, 11/25

Memo Item

C. DELTA

Full Name (Last, First, Middle Initial)
Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8007
Amount of Each Disbursement this Period: 465.10
AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8013
Amount of Each Disbursement this Period
495.97

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. GOGOAIR

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8015
Amount of Each Disbursement this Period
9.95

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. GOGOAIR

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8016
Amount of Each Disbursement this Period
6.00

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GOGOAIR

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I8017

Amount of Each Disbursement this Period

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. GOGOAIR

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I8018

Amount of Each Disbursement this Period

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. GOGOAIR

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I8019

Amount of Each Disbursement this Period

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GOGOAIR

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8020

Amount of Each Disbursement this Period

19.95

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. GOGOAIR

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8021

Amount of Each Disbursement this Period

4.99

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. HARD TIMES CAFE

Mailing Address 1701 S ARLINGTON RIDGE RD

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8022

Amount of Each Disbursement this Period

307.90

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. HILTON

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL

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
11			01			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8023

Amount of Each Disbursement this Period

[REDACTED] 229.08

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. HILTON

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL

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
11			01			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8024

Amount of Each Disbursement this Period

[REDACTED] 295.26

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. HOTEL ROANOKE

Mailing Address 110 SHENANDOAH AVE NW

City ROANOKE State VA Zip Code 24016

Purpose of Disbursement
TRAVEL

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
10			19			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8026

Amount of Each Disbursement this Period

[REDACTED] 253.79

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. HOTEL ROANOKE

Mailing Address 110 SHENANDOAH AVE NW

City ROANOKE State VA Zip Code 24016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8027

Amount of Each Disbursement this Period

[REDACTED] 366.19

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. INN AT RANCHO SANTA

Mailing Address 5951 LINEA DEL CIELO

City RANCHO SANTA FE State CA Zip Code 92067

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8132

Amount of Each Disbursement this Period

[REDACTED] 450.38

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. INN AT RANCHO SANTA

Mailing Address 5951 LINEA DEL CIELO

City RANCHO SANTA FE State CA Zip Code 92067

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8133

Amount of Each Disbursement this Period

[REDACTED] 50.12

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016	
Mailing Address 701 TAMA ST SE			
City MARION	State IA	Zip Code 52302	
Purpose of Disbursement FOOD/BEVERAGE		FEC Identification Number C	
Candidate Name		Transaction ID : SB21B.I8031 Amount of Each Disbursement this Period 357.00	
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) ▼		
State: District:	Category/Type AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016	
Mailing Address 701 TAMA ST SE			
City MARION	State IA	Zip Code 52302	
Purpose of Disbursement FOOD/BEVERAGE		FEC Identification Number C	
Candidate Name		Transaction ID : SB21B.I8032 Amount of Each Disbursement this Period 891.00	
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) ▼		
State: District:	Category/Type AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016	
Mailing Address 701 TAMA ST SE			
City MARION	State IA	Zip Code 52302	
Purpose of Disbursement FOOD/BEVERAGE		FEC Identification Number C	
Candidate Name		Transaction ID : SB21B.I8033 Amount of Each Disbursement this Period 1079.20	
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:	Category/Type AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item		

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 27 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8034 Amount of Each Disbursement this Period [REDACTED] 966.28 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8035 Amount of Each Disbursement this Period [REDACTED] 377.40 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8036 Amount of Each Disbursement this Period [REDACTED] 594.00 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8037

Amount of Each Disbursement this Period: 212.40

AMEX, 11/25

Memo Item

B. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8038

Amount of Each Disbursement this Period: 164.40

AMEX, 11/25

Memo Item

C. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8039

Amount of Each Disbursement this Period: 897.00

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. LIMOLINK		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8040 Amount of Each Disbursement this Period [REDACTED] 164.40 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LIMOLINK		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8041 Amount of Each Disbursement this Period [REDACTED] 164.40 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LIMOLINK		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8042 Amount of Each Disbursement this Period [REDACTED] 475.20 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. LIMOLINK		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED]	
City MARION	State IA	Zip Code 52302	Transaction ID : SB21B.I8043
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Amount of Each Disbursement this Period 396.75
Candidate Name			AMEX, 11/25
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 checked="" type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. LIMOLINK		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED]	
City MARION	State IA	Zip Code 52302	Transaction ID : SB21B.I8044
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Amount of Each Disbursement this Period 314.00
Candidate Name			AMEX, 11/25
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 checked="" type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. LIMOLINK		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED]	
City MARION	State IA	Zip Code 52302	Transaction ID : SB21B.I8045
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Amount of Each Disbursement this Period 334.40
Candidate Name			AMEX, 11/25
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 checked="" type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8046

Amount of Each Disbursement this Period: 164.40

AMEX, 11/25

Memo Item

B. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8047

Amount of Each Disbursement this Period: 161.40

AMEX, 11/25

Memo Item

C. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8048

Amount of Each Disbursement this Period: 161.40

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. LIMOLINK		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8049 Amount of Each Disbursement this Period [REDACTED] 831.60 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 18 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8050 Amount of Each Disbursement this Period [REDACTED] 3.00 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 18 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8051 Amount of Each Disbursement this Period [REDACTED] 3.00 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LIMOLINK

Mailing Address 701 TAMA ST SE

City
MARION

State
IA

Zip Code
52302

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8052

Amount of Each Disbursement this Period

[REDACTED] 582.53

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. LIMOLINK

Mailing Address 701 TAMA ST SE

City
MARION

State
IA

Zip Code
52302

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8053

Amount of Each Disbursement this Period

[REDACTED] 582.53

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. MANDARIN ORIENTAL

Mailing Address 250 W 57TH ST STE 1917

City
NEW YORK

State
NY

Zip Code
10107

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
				1	0			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8054

Amount of Each Disbursement this Period

[REDACTED] 96.92

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MANDARIN ORIENTAL

Mailing Address 250 W 57TH ST STE 1917

City
NEW YORK

State
NY

Zip Code
10107

Purpose of Disbursement
FOOD/BEVERAGE

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
10			20			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8055

Amount of Each Disbursement this Period

215.63

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. MARRIOTT

Mailing Address 10400 FERNWOOD RD

City
BETHESDA

State
MD

Zip Code
20817

Purpose of Disbursement
FOOD/BEVERAGE

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
10			18			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8056

Amount of Each Disbursement this Period

307.78

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. MARRIOTT

Mailing Address 10400 FERNWOOD RD

City
BETHESDA

State
MD

Zip Code
20817

Purpose of Disbursement
FOOD/BEVERAGE

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
10			18			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8057

Amount of Each Disbursement this Period

314.37

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8058

Amount of Each Disbursement this Period: 36.03

AMEX, 11/25

Memo Item

B. MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 16 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8059

Amount of Each Disbursement this Period: 20.36

AMEX, 11/25

Memo Item

C. MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8060

Amount of Each Disbursement this Period: 99.14

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MARRIOTT

Mailing Address 10400 FERNWOOD RD

City
BETHESDA

State
MD

Zip Code
20817

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8061

Amount of Each Disbursement this Period

[REDACTED] 262.78

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. MARRIOTT

Mailing Address 10400 FERNWOOD RD

City
BETHESDA

State
MD

Zip Code
20817

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8062

Amount of Each Disbursement this Period

[REDACTED] 281.00

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. OMNI HOTELS

Mailing Address 4001 MAPLE AVE

City
DALLAS

State
TX

Zip Code
75219

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8068

Amount of Each Disbursement this Period

[REDACTED] 320.29

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. OMNI HOTELS

Mailing Address 4001 MAPLE AVE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8069
Amount of Each Disbursement this Period
327.24

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. RENAISSANCE

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8076
Amount of Each Disbursement this Period
4.40

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. RENAISSANCE

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8077
Amount of Each Disbursement this Period
221.13

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENAISSANCE		Date of Disbursement MM / DD / YYYY 10 / 01 / 2016
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8078
City BETHESDA	State MD	Zip Code 20817
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 249.04
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. RENAISSANCE		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8079
City BETHESDA	State MD	Zip Code 20817
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 22.04
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. RENAISSANCE		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8080
City BETHESDA	State MD	Zip Code 20817
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 70.92
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RENDEZ-VOUS LIMOUSINE LLC

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8081
Amount of Each Disbursement this Period
154.05

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. RENDEZ-VOUS LIMOUSINE LLC

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8082
Amount of Each Disbursement this Period
167.73

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. RENDEZ-VOUS LIMOUSINE LLC

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8083
Amount of Each Disbursement this Period
452.96

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8084 Amount of Each Disbursement this Period [REDACTED] 154.05 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8085 Amount of Each Disbursement this Period [REDACTED] 154.05 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8086 Amount of Each Disbursement this Period [REDACTED] 154.05 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8087

Amount of Each Disbursement this Period: 154.05

AMEX, 11/25

Memo Item

B. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8088

Amount of Each Disbursement this Period: 181.41

AMEX, 11/25

Memo Item

C. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8089

Amount of Each Disbursement this Period: 181.41

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8090 Amount of Each Disbursement this Period [REDACTED] 210.51 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 10 / 22 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8091 Amount of Each Disbursement this Period [REDACTED] 125.17 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8092 Amount of Each Disbursement this Period [REDACTED] 154.05 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8093 Amount of Each Disbursement this Period [REDACTED] 154.05 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8094 Amount of Each Disbursement this Period [REDACTED] 154.05 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8095 Amount of Each Disbursement this Period [REDACTED] 154.05 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1425 K ST, STE 350

M M M	/	D D D	/	Y Y Y Y Y
09		24		2016

City
WASHINGTON

State
DC

Zip Code
20005

FEC Identification Number

Purpose of Disbursement
TRAVEL

C

Candidate Name

Category/
Type

Transaction ID : SB21B.I8096

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

167.73

State: District:

AMEX, 11/25

Memo Item

B. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1425 K ST, STE 350

M M M	/	D D D	/	Y Y Y Y Y
09		24		2016

City
WASHINGTON

State
DC

Zip Code
20005

FEC Identification Number

Purpose of Disbursement
TRAVEL

C

Candidate Name

Category/
Type

Transaction ID : SB21B.I8097

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

167.73

State: District:

AMEX, 11/25

Memo Item

C. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1425 K ST, STE 350

M M M	/	D D D	/	Y Y Y Y Y
09		24		2016

City
WASHINGTON

State
DC

Zip Code
20005

FEC Identification Number

Purpose of Disbursement
TRAVEL

C

Candidate Name

Category/
Type

Transaction ID : SB21B.I8098

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

181.41

State: District:

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1425 K ST, STE 350

M M M	/	D D D	/	Y Y Y Y Y
09		24		2016

City WASHINGTON State DC Zip Code 20005

FEC Identification Number

Purpose of Disbursement TRAVEL

C

Candidate Name

Transaction ID : SB21B.I8099
Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

181.41

AMEX, 11/25

Memo Item

B. SHERATON

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1 STARPOINT

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

City STAMFORD State CT Zip Code 06902

FEC Identification Number

Purpose of Disbursement TRAVEL

C

Candidate Name

Transaction ID : SB21B.I8103
Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

30.97

AMEX, 11/25

Memo Item

C. SOUTHWEST

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 36647-1CR

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

City DALLAS State TX Zip Code 75235

FEC Identification Number

Purpose of Disbursement TRAVEL

C

Candidate Name

Transaction ID : SB21B.I8113
Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

375.98

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City
DALLAS

State
TX

Zip Code
75235

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	9		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I8114

Amount of Each Disbursement this Period

375.98

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City
DALLAS

State
TX

Zip Code
75235

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	9		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I8115

Amount of Each Disbursement this Period

392.98

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City
DALLAS

State
TX

Zip Code
75235

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	9		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I8116

Amount of Each Disbursement this Period

392.98

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

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

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8117

Amount of Each Disbursement this Period: -375.98

AMEX, 11/25

Memo Item

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

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8118

Amount of Each Disbursement this Period: -375.98

AMEX, 11/25

Memo Item

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

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8119

Amount of Each Disbursement this Period: 15.00

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. SOUTHWEST

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8120

Amount of Each Disbursement this Period: 343.99

AMEX, 11/25

Memo Item

B. SOUTHWEST

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8121

Amount of Each Disbursement this Period: 366.98

AMEX, 11/25

Memo Item

C. SOUTHWEST

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8122

Amount of Each Disbursement this Period: 222.98

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
10 / 27 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8123
Amount of Each Disbursement this Period
507.98

AMEX, 11/25
 Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
10 / 27 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8124
Amount of Each Disbursement this Period
507.98

AMEX, 11/25
 Memo Item

Full Name (Last, First, Middle Initial)

C. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
10 / 27 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8125
Amount of Each Disbursement this Period
512.98

AMEX, 11/25
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C []
Transaction ID : SB21B.I8126
 Amount of Each Disbursement this Period
 [] 512.98

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2016			

FEC Identification Number

C []
Transaction ID : SB21B.I8127
 Amount of Each Disbursement this Period
 [] 243.98

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2016			

FEC Identification Number

C []
Transaction ID : SB21B.I8128
 Amount of Each Disbursement this Period
 [] 8.00

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[] 0.00
 []

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8108

Amount of Each Disbursement this Period

[REDACTED] 10.59

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. THE JOULE

Mailing Address 1530 MAIN ST

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8134

Amount of Each Disbursement this Period

[REDACTED] 3.25

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. THE JOULE

Mailing Address 1530 MAIN ST

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8135

Amount of Each Disbursement this Period

[REDACTED] 263.94

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)
A. THE JOULE

Mailing Address 1530 MAIN ST

City DALLAS State TX Zip Code 75201

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8136

Amount of Each Disbursement this Period: 320.06

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)
B. TIGER HOTEL

Mailing Address 23 S 8TH ST

City COLUMBIA State MO Zip Code 65201

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8140

Amount of Each Disbursement this Period: 4.50

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)
C. TIGER HOTEL

Mailing Address 23 S 8TH ST

City COLUMBIA State MO Zip Code 65201

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8141

Amount of Each Disbursement this Period: 4.50

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)
A. TIGER HOTEL

Mailing Address 23 S 8TH ST

City COLUMBIA State MO Zip Code 65201

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8142

Amount of Each Disbursement this Period: 223.83

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)
B. TIGER HOTEL

Mailing Address 23 S 8TH ST

City COLUMBIA State MO Zip Code 65201

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8143

Amount of Each Disbursement this Period: 246.32

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)
C. TJ STONE

Mailing Address 608 MONTGOMERY ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8145

Amount of Each Disbursement this Period: 190.51

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. TJ STONE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 608 MONTGOMERY ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8146
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement FOOD/BEVERAGE	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 23.70	
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) ▼	AMEX, 11/25
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8148
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 27.64	
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) ▼	AMEX, 11/25
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8149
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 57.33	
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) ▼	AMEX, 11/25
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8150
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 11.93	
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) ▼	AMEX, 11/25
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8151
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 13.23	
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) ▼	AMEX, 11/25
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8152
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 14.23	
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) ▼	AMEX, 11/25
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8153

Amount of Each Disbursement this Period

[REDACTED] 6.98

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8154

Amount of Each Disbursement this Period

[REDACTED] 34.83

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8155

Amount of Each Disbursement this Period

[REDACTED] 39.46

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 0.00

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

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
10			07			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8156

Amount of Each Disbursement this Period

[REDACTED]	38.71
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AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

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
10			11			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8157

Amount of Each Disbursement this Period

[REDACTED]	13.43
------------	-------

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

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
10			12			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8158

Amount of Each Disbursement this Period

[REDACTED]	13.04
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AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED]	0.00
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 12 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8159
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 12.71	
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8160
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 130.22	
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8161
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 43.94	
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8162

Amount of Each Disbursement this Period

10.60

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8163

Amount of Each Disbursement this Period

45.42

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8164

Amount of Each Disbursement this Period

47.96

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8165 Amount of Each Disbursement this Period [REDACTED] 13.73 AMEX, 11/25
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8166 Amount of Each Disbursement this Period [REDACTED] 39.26 AMEX, 11/25
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8167 Amount of Each Disbursement this Period [REDACTED] 7.51 AMEX, 11/25
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 23 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8168
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [REDACTED] 8.63
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:	<input checked="" type="checkbox"/> Memo Item AMEX, 11/25	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8169
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [REDACTED] 7.62
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:	<input checked="" type="checkbox"/> Memo Item AMEX, 11/25	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8170
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [REDACTED] 18.81
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:	<input checked="" type="checkbox"/> Memo Item AMEX, 11/25	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 18 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8171 Amount of Each Disbursement this Period [REDACTED] 38.49
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item AMEX, 11/25	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8172 Amount of Each Disbursement this Period [REDACTED] 38.08
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item AMEX, 11/25	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8173 Amount of Each Disbursement this Period [REDACTED] 36.24
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item AMEX, 11/25	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 21 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8174
Amount of Each Disbursement this Period: 26.63
AMEX, 11/25

Memo Item

B. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 21 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8175
Amount of Each Disbursement this Period: 13.29
AMEX, 11/25

Memo Item

C. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 22 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8176
Amount of Each Disbursement this Period: 40.43
AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB21B.I8177
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [] 18.68
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 checked="" type="checkbox"/> Memo Item AMEX, 11/25
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB21B.I8178
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [] 39.71
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 checked="" type="checkbox"/> Memo Item AMEX, 11/25
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 24 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB21B.I8179
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [] 46.99
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 checked="" type="checkbox"/> Memo Item AMEX, 11/25
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C []

Transaction ID : SB21B.I8180

Amount of Each Disbursement this Period

[] 124.15

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C []

Transaction ID : SB21B.I8181

Amount of Each Disbursement this Period

[] 16.33

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C []

Transaction ID : SB21B.I8182

Amount of Each Disbursement this Period

[] 11.72

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[] 0.00

[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8183

Amount of Each Disbursement this Period

6.35

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8184

Amount of Each Disbursement this Period

38.27

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8185

Amount of Each Disbursement this Period

12.43

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8186

Amount of Each Disbursement this Period

[REDACTED] 12.07

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8187

Amount of Each Disbursement this Period

[REDACTED] 478.60

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8188

Amount of Each Disbursement this Period

[REDACTED] 478.60

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8189 Amount of Each Disbursement this Period 508.60 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	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) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8190 Amount of Each Disbursement this Period 508.60 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8191 Amount of Each Disbursement this Period 581.10 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8192
Amount of Each Disbursement this Period: 581.10
AMEX, 11/25
 Memo Item

B. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8193
Amount of Each Disbursement this Period: -508.60
AMEX, 11/25
 Memo Item

C. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8194
Amount of Each Disbursement this Period: -508.60
AMEX, 11/25
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8198 Amount of Each Disbursement this Period [REDACTED] 788.10 AMEX, 11/25
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8199 Amount of Each Disbursement this Period [REDACTED] 788.10 AMEX, 11/25
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8200 Amount of Each Disbursement this Period [REDACTED] -581.10 AMEX, 11/25
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8201

Amount of Each Disbursement this Period: -581.10

AMEX, 11/25

Memo Item

B. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8202

Amount of Each Disbursement this Period: -581.10

AMEX, 11/25

Memo Item

C. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8203

Amount of Each Disbursement this Period: 581.10

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8204 Amount of Each Disbursement this Period -581.10 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	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) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8205 Amount of Each Disbursement this Period 7.99 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8206 Amount of Each Disbursement this Period 7.99 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8207 Amount of Each Disbursement this Period -478.60 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	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) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8208 Amount of Each Disbursement this Period -478.60 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8209 Amount of Each Disbursement this Period 578.10 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8210 Amount of Each Disbursement this Period 578.10 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	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) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 11 / 16 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8211 Amount of Each Disbursement this Period 4.99 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 11 / 16 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8212 Amount of Each Disbursement this Period 1331.60 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City
CHICAGO

State
IL

Zip Code
60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8213

Amount of Each Disbursement this Period

1331.60

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. VIRGIN AMERICA

Mailing Address 555 AIRPORT BLVD
FL2

City
BURLINGAME

State
CA

Zip Code
94010

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8215

Amount of Each Disbursement this Period

868.10

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. VIRTUE FEED & GRAIN

Mailing Address 106 S UNION ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8216

Amount of Each Disbursement this Period

44.35

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. VIRTUE FEED & GRAIN		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016
Mailing Address 106 S UNION ST		FEC Identification Number C Transaction ID : SB21B.I8217 Amount of Each Disbursement this Period 70.15 AMEX, 11/25
City ALEXANDRIA	State VA	
Purpose of Disbursement FOOD/BEVERAGE		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) ▼	Memo Item <input checked="" type="checkbox"/>
State: District:		

Full Name (Last, First, Middle Initial) B. VIRTUE FEED & GRAIN		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 106 S UNION ST		FEC Identification Number C Transaction ID : SB21B.I8218 Amount of Each Disbursement this Period 86.60 AMEX, 11/25
City ALEXANDRIA	State VA	
Purpose of Disbursement FOOD/BEVERAGE		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) ▼	Memo Item <input checked="" type="checkbox"/>
State: District:		

Full Name (Last, First, Middle Initial) C. WESTIN		Date of Disbursement MM / DD / YYYY 10 / 15 / 2016
Mailing Address 1 STARPOINT		FEC Identification Number C Transaction ID : SB21B.I8220 Amount of Each Disbursement this Period 480.80 AMEX, 11/25
City STAMFORD	State CT	
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) ▼	Memo Item <input checked="" type="checkbox"/>
State: District:		

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. WESTIN		Date of Disbursement MM / DD / YYYY 10 / 15 / 2016
Mailing Address 1 STARPOINT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8221 Amount of Each Disbursement this Period [REDACTED] 491.51 AMEX, 11/25
City STAMFORD	State CT	Zip Code 06902
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	Memo Item <input checked="" type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. WESTIN		Date of Disbursement MM / DD / YYYY 10 / 15 / 2016
Mailing Address 1 STARPOINT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8222 Amount of Each Disbursement this Period [REDACTED] 512.94 AMEX, 11/25
City STAMFORD	State CT	Zip Code 06902
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	Memo Item <input checked="" type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. WESTIN		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 1 STARPOINT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8223 Amount of Each Disbursement this Period [REDACTED] 123.68 AMEX, 11/25
City STAMFORD	State CT	Zip Code 06902
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	Memo Item <input checked="" type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. WESTIN

Full Name (Last, First, Middle Initial)

Mailing Address 1 STARPOINT

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 23 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8224

Amount of Each Disbursement this Period: 23.96

AMEX, 11/25

Memo Item

B. WESTIN

Full Name (Last, First, Middle Initial)

Mailing Address 1 STARPOINT

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 23 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8225

Amount of Each Disbursement this Period: 38.43

AMEX, 11/25

Memo Item

C. WESTIN

Full Name (Last, First, Middle Initial)

Mailing Address 1 STARPOINT

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8226

Amount of Each Disbursement this Period: 182.26

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WHITEPAGES PRO

Mailing Address 1301 5TH AVE
STE 1600

City
SEATTLE

State
WA

Zip Code
98101

Purpose of Disbursement
ONLINE SERVICE

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
10			17			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8227

Amount of Each Disbursement this Period

99.00

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. ZOHOCORPORATION

Mailing Address 5200 FRANKLIN DR.
STE 115

City
PLEASANTON

State
CA

Zip Code
94588

Purpose of Disbursement
ONLINE SERVICE

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
10			12			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8229

Amount of Each Disbursement this Period

25.00

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. ZOHOCORPORATION

Mailing Address 5200 FRANKLIN DR.
STE 115

City
PLEASANTON

State
CA

Zip Code
94588

Purpose of Disbursement
ONLINE SERVICE

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
11			12			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8230

Amount of Each Disbursement this Period

25.00

AMEX, 11/25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
TRANSFER NON-CONTRIBUTION SHARE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.I8233**
Amount of Each Disbursement this Period
-21981.77

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement
ONLINE CONTRIBUTION PROCESSING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.I7928**
Amount of Each Disbursement this Period
1008.62

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.I7932**
Amount of Each Disbursement this Period
250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1258.62

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
ONLINE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7931
Amount of Each Disbursement this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7755
Amount of Each Disbursement this Period
14018.13

Memo Item

Full Name (Last, First, Middle Initial)

C. ALMSTEAD, DEIDRE, A, ,

Mailing Address 1020 N FAIRFAX ST
STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7760
Amount of Each Disbursement this Period
2937.73

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

14068.13

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. SADLER, FRANK, F, ,
Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET SALARY

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7758

Amount of Each Disbursement this Period: 4499.58

Memo Item

B. SPURLOCK, BRIDGET, E, ,
Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET SALARY

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7759

Amount of Each Disbursement this Period: 1335.38

Memo Item

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

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PEO SERVICE FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7756

Amount of Each Disbursement this Period: 1979.67

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
WITHHOLDING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 21 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7757

Amount of Each Disbursement this Period

3265.77

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 03 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7930

Amount of Each Disbursement this Period

14031.75

Memo Item

Full Name (Last, First, Middle Initial)

C. ALMSTEAD, DEIDRE, A, ,

Mailing Address 1020 N FAIRFAX ST
STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET PAY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 03 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7939

Amount of Each Disbursement this Period

2937.73

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

14031.75

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. SADLER, FRANK, F, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7940

Amount of Each Disbursement this Period: 4499.58

Memo Item

B. SPURLOCK, BRIDGET, E, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET PAY

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7941

Amount of Each Disbursement this Period: 1335.38

Memo Item

C. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7942

Amount of Each Disbursement this Period: 3265.77

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7943

Amount of Each Disbursement this Period

[REDACTED] 1979.67

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7935

Amount of Each Disbursement this Period

[REDACTED] 14031.74

Memo Item

Full Name (Last, First, Middle Initial)

C. ALMSTEAD, DEIDRE, A, ,

Mailing Address 1020 N FAIRFAX ST
STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET PAY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7944

Amount of Each Disbursement this Period

[REDACTED] 2937.71

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 14031.74

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. SADLER, FRANK, F, ,		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7945 Amount of Each Disbursement this Period 4499.56
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement NET PAY		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SPURLOCK, BRIDGET, E, ,		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7946 Amount of Each Disbursement this Period 1335.36
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement NET PAY		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. XCELHR		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address 7361 CALHOUN PL STE 600		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7947 Amount of Each Disbursement this Period 3265.83
City ROCKVILLE	State MD	Zip Code 20855
Purpose of Disbursement PAYROLL TAXES		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:	<input checked="" type="checkbox"/> Memo Item	

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 17 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7949

Amount of Each Disbursement this Period

1993.28

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER NON-CONTRIBUTION SHARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8234

Amount of Each Disbursement this Period

21040.81

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00

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

97753.79

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. ANN WAGNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 50

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

City
BALLWIN

State
MO

Zip Code
63022

FEC Identification Number

Purpose of Disbursement

C C00495846

Candidate Name

WAGNER, ANN, L., ,

Category/
Type

Transaction ID : SB23.I7736

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

1500.00

State: MO District: 02

Memo Item

B. FRIENDS OF JOE HECK

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 753908

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

City
LAS VEGAS

State
NV

Zip Code
89136

FEC Identification Number

Purpose of Disbursement

C C00580688

Candidate Name

HECK, JOE, , ,

Category/
Type

Transaction ID : SB23.I7737

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

1000.00

State: NV District:

Memo Item

C. FRIENDS OF TODD YOUNG, INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1053

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

City
BLOOMINGTO

State
IN

Zip Code
47402

FEC Identification Number

Purpose of Disbursement

C C00459255

Candidate Name

YOUNG, TODD, CHRISTOPHER, ,

Category/
Type

Transaction ID : SB23.I7739

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

1000.00

State: IN District: 09

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. FRIENDS OF ROY BLUNT		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address PO BOX 10178		FEC Identification Number C00304758 Transaction ID : SB23.I7740
City COLUMBIA	State MO	Zip Code 65205
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name BLUNT, ROY, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MO	District:	

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOHN MCCAIN INC		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 228 SOUTH WASHINGTON ST STE 115		FEC Identification Number C00540310 Transaction ID : SB23.I7741
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name MCCAIN, JOHN, S, ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AZ	District:	

Full Name (Last, First, Middle Initial) C. FRIENDS OF PAT TOOMEY		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 5250 WHEATLAND DR		FEC Identification Number C00461046 Transaction ID : SB23.I7744
City ZIONSVILLE	State PA	Zip Code 18092
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name TOOMEY, PATRICK, JOSEPH, ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GEORGIANS FOR ISAKSON

Mailing Address PO BOX 250116

City
ATLANTA

State
GA

Zip Code
30325

Purpose of Disbursement

Candidate Name

ISAKSON, JOHN , HARDY , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	5		2	0	1	6		

FEC Identification Number

C C00384693

Transaction ID : SB23.I7742

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MARCO RUBIO FOR SENATE 2016

Mailing Address PO BOX 661537

City
MIAMI

State
FL

Zip Code
33266

Purpose of Disbursement

Candidate Name

RUBIO, MARCO, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	5		2	0	1	6		

FEC Identification Number

C C00620518

Transaction ID : SB23.I7738

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RON JOHNSON FOR SENATE INC

Mailing Address 219 E WASHINGTON AVE
STE 101

City
OSHKOSH

State
WI

Zip Code
54901

Purpose of Disbursement

Candidate Name

JOHNSON, RONALD , HAROLD , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	5		2	0	1	6		

FEC Identification Number

C C00482984

Transaction ID : SB23.I7743

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

3000.00

9500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City
NEW YORK

State
NY

Zip Code
10285

Purpose of Disbursement
TRANSFER NON-CONTRIBUTION ACCOUNT SHARE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2016			

FEC Identification Number

C [Redacted]

Transaction ID : **SB29.I8232**

Amount of Each Disbursement this Period

[Redacted] 21981.77

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF HEATHER CORDASCO

Mailing Address PO BOX 6833

City
WILLIAMSBURG

State
VA

Zip Code
23188

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2016			

FEC Identification Number

C [Redacted]

Transaction ID : **SB29.I7745**

Amount of Each Disbursement this Period

[Redacted] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TARBELL COMPANIES, INC.

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R
STE 500

City
LANGHORN

State
PA

Zip Code
19047

Purpose of Disbursement
STRATEGIC CONSULTING; CONSULTANT EXPENSES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2016			

FEC Identification Number

C [Redacted]

Transaction ID : **SB29.I7938**

Amount of Each Disbursement this Period

[Redacted] 74037.09

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[Redacted] 75037.09

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TUSK DIGITAL

Mailing Address 718 7TH ST NW
FL 2

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 25 / 2016

FEC Identification Number

C

Transaction ID : SB29.I7937

Amount of Each Disbursement this Period

14323.21

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER NON-CONTRIBUTION ACCOUNT SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

FEC Identification Number

C

Transaction ID : SB29.I8231

Amount of Each Disbursement this Period

21040.81

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

35364.02

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

110401.11