

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
Byrne for Congress

ADDRESS (number and street) PO BOX 2743  
 Check if different than previously reported. (ACC) Mobile AL 36652

2. **FEC IDENTIFICATION NUMBER** C C00545673 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
AL 01

### 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
  
- Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on 06 / 03 / 2014 in the State of AL

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

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

Election on   /   /   in the State of  

5. Covering Period 04 / 01 / 2014 through 05 / 14 / 2014

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

Type or Print Name of Treasurer J Ashley Newman

Signature of Treasurer J Ashley Newman

**[Electronically Filed]**

Date

05 / 22 / 2014

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

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

Write or Type Committee Name  
**Byrne for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	57902.00	233597.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	57902.00	233597.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	51958.73	185898.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	6739.15	6739.15
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	45219.58	179159.20
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	203359.58	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	62495.18	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Byrne for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7100.00	45200.00
(ii) Unitemized.....	1302.00	3847.00
(iii) TOTAL of contributions from individuals ▶	8402.00	49047.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	49500.00	184550.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	57902.00	233597.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	6739.15	6739.15
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	64641.15	240336.15

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	51958.73	185898.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	4000.00	16039.80
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	55958.73	201938.15

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	194677.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	64641.15
25. SUBTOTAL (add Line 23 and Line 24).....	259318.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	55958.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	203359.58

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

Form/Schedule: F3N

Transaction ID :

Memo #1: Please note the election cycle to date numbers include contributions for the 2013 special elections.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. H. Stewart Van Scoyoc**

Mailing Address 131 Yarnick Road

City State Zip Code  
Great Falls VA 22066-3525

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

Name of Employer Occupation  
Van Scoyoc Associates President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 16 / 2014

**Transaction ID : AA766908E574F48089D8**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Gary L. Branch**

Mailing Address 707 Northdshore Drive

City State Zip Code  
Bay Minette AL 36507-4159

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

Name of Employer Occupation  
Faulkner State Community College President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 05 / 2014

**Transaction ID : A84FE81089F60471D96F**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Daniel H. Craven**

Mailing Address PO Box 4489

City State Zip Code  
Gulf Shores AL 36547-4489

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 09 / 2014

**Transaction ID : A16190EE73E12477E981**

Amount of Each Receipt this Period  
2600.00

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ray Cole**

Mailing Address 2730 Regatta Way

City Tuscaloosa State AL Zip Code 35406-4021

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

Name of Employer Van Scoyoc Associates Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 09 / 2014**

**Transaction ID : A9A57CBE2303745B28EE**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Hunton & Williams LLP**

Mailing Address 951 East Byrd Street  
Riverfront Plaza, East Tower

City Richmond State VA Zip Code 23219-4040

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 05 / 2014**

**Transaction ID : A58B45828EFAD4C91959**

Amount of Each Receipt this Period  
**1000.00**

No Partners Require Itimization

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Roger E. Wehner**

Mailing Address 4829 Old Leeds Road

City Mountain Brk State AL Zip Code 35213-1805

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

Name of Employer Mobile Airport Authority Occupation Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : A963FA66243BD45F3B3A**

Amount of Each Receipt this Period  
**500.00**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Douglas M. Gregory**

Mailing Address 101 Constitution Avenue, N.W.  
Suite 600 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer Van Scoyoc Associates Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : A17FD5F35FD034B61A59**

Amount of Each Receipt this Period  
500.00

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

Mailing Address P.O. Box 328

City Grand Bay State AL Zip Code 36541-0328

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

Name of Employer Grand Bay Convalescent Home Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : A11C7FCAE976F4AE4A62**

Amount of Each Receipt this Period  
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

7100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NRA-Political Victory Fund**

Mailing Address 11250 Waples Mills Road

City State Zip Code  
Fairfax VA 22030-6003

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : A3AE9C1F092EC4D57872**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City State Zip Code  
Arlington VA 22209-3900

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : A60E97CC238B44C58AA9**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1828 L Street, N.W.  
Suite 705

City State Zip Code  
Washington DC 20036-5107

FEC ID number of contributing federal political committee. **C** C00012914

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : A1020DDD65D6F431D996**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**International Paper PAC**

Mailing Address 1101 Pennsylvania Avenue, N.W.  
Suite 200

City Washington State DC Zip Code 20004-2514

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : ABED1074D41C44E1198F**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Arcelormittal USA Good Government Committee**

Mailing Address 1808 Eye Street, N.W.  
5th Floor

City Washington State DC Zip Code 20006-5416

FEC ID number of contributing federal political committee. **C** C00104109

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : A2664FB486DED4897BC2**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Old Castle Material, Inc. PAC**

Mailing Address 101 Constitution Avenue, N.W.  
Suite 600W

City Washington State DC Zip Code 20001-2147

FEC ID number of contributing federal political committee. **C** C00346353

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : A0C9DE9FD2697453CA29**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 31  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**The Boeing Company PAC**

Mailing Address 1200 Wilson Boulevard

City State Zip Code  
Arlington VA 22209-2300

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : A388EEDB88BAD44E0915**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 55 Glenlake Parkway, N.E.

City State Zip Code  
Atlanta GA 30328-3474

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : AF3F65E8FBA2F435082E**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**American Crystal Sugar PAC**

Mailing Address 101 North Third Street

City State Zip Code  
Moorhead MN 56560-1952

FEC ID number of contributing federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : A2C22862F431D494ABF8**

Amount of Each Receipt this Period  
**5000.00**

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

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

**8000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

**A. AISI-SteelPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1140 Connecticut Avenue, N.W.  
 Suite 705  
 City Washington State DC Zip Code 20036-4011  
 FEC ID number of contributing federal political committee. **C C00295097**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014  
**Transaction ID : AF9095FBB3F924F1BBE0**  
 Amount of Each Receipt this Period  
 1000.00

**B. JPMorgan Chase & Co. Federal PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 South Dearborn Street  
 City Chicago State IL Zip Code 60603-2300  
 FEC ID number of contributing federal political committee. **C C00104299**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014  
**Transaction ID : A04C78A63EAB5445BB8A**  
 Amount of Each Receipt this Period  
 1000.00

**C. American Society of Anesthesiologists PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 N. Northwest Highway  
 City Park Ridge State IL Zip Code 60068-2538  
 FEC ID number of contributing federal political committee. **C C00255752**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014  
**Transaction ID : AC1192DEC96BD4C81BDD**  
 Amount of Each Receipt this Period  
 5000.00

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SSAB Americas PAC**

Mailing Address 801 Warrenville Road  
Suite 800

City State Zip Code  
Lisle IL 60532-0912

FEC ID number of contributing federal political committee. **C C00513861**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 05 / 2014

**Transaction ID : A3EB1F1DA012D4CE38A3**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Balch & Bingham LLP Federal PAC**

Mailing Address 1901 6th Avenue North  
Suite 1500

City State Zip Code  
Birmingham AL 35203-4642

FEC ID number of contributing federal political committee. **C C00358440**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 05 / 2014

**Transaction ID : A1C516DBD760943A2B64**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**AT&T Inc. Federal PAC**

Mailing Address 208 South Akard Street  
Suite 2701

City State Zip Code  
Dallas TX 75202-4206

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 05 / 2014

**Transaction ID : AB581B78CE83741B78CE**

Amount of Each Receipt this Period  
1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**The Goldman Sachs Group, Inc. PAC**

Mailing Address 101 Constitution Avenue, N.W.  
Suite 1000E

City Washington State DC Zip Code 20001-2171

FEC ID number of contributing federal political committee. **C C00350744**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : AE646BF0581134DEDB7E**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Kelley Drye & Warren, LLP PAC**

Mailing Address 3050 K Street, N.W.  
Suite 400

City Washington State DC Zip Code 20007-5100

FEC ID number of contributing federal political committee. **C C00301929**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : AE1DBE299C30246C2B50**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Assoc. of Real Estate Investment Trusts, Inc. PAC**

Mailing Address 1875 I Street, N.W.  
Suite 600

City Washington State DC Zip Code 20006-5413

FEC ID number of contributing federal political committee. **C C00303339**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : A62B9642A28314CBDB10**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

**A. National Beer Wholesalers Association PAC**

Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Association PAC

Mailing Address 1101 King Street  
Suite 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : A72BF2A8ED28A4DBB892**

Amount of Each Receipt this Period  
1500.00

**B. Lockheed Martin Employees PAC**

Full Name (Last, First, Middle Initial)  
Lockheed Martin Employees PAC

Mailing Address 2121 Crystal Drive  
Suite 100

City Arlington State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : A6F7DC6AE9B46430E895**

Amount of Each Receipt this Period  
1000.00

**C. Every Republican Is Crucial PAC**

Full Name (Last, First, Middle Initial)  
Every Republican Is Crucial PAC

Mailing Address 25 East Main Street  
Suite 200

City Richmond State VA Zip Code 23219-2109

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : ADBE2901792374E258F5**

Amount of Each Receipt this Period  
5000.00

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

**A. Western Peanut Growers PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 252  
 City State Zip Code  
 Seminole TX 79360-0252  
 FEC ID number of contributing federal political committee. **C C00254847**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014  
**Transaction ID : AAA00A05DCE2C4053B1A**  
 Amount of Each Receipt this Period  
 500.00

**B. Wine & Spirits Wholesalers of America PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 805 Fifteenth Street, N.W.  
 Suite 430  
 City State Zip Code  
 Washington DC 20005-2273  
 FEC ID number of contributing federal political committee. **C C00147173**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014  
**Transaction ID : AE4EFDCC994984007AD2**  
 Amount of Each Receipt this Period  
 2500.00

**C. Committee on Pipe and Tube Imports Federal PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 Seventh Street, N.W.  
 Suite 500  
 City State Zip Code  
 Washington DC 20001-4017  
 FEC ID number of contributing federal political committee. **C C00436485**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014  
**Transaction ID : A98B4CE011712482FA21**  
 Amount of Each Receipt this Period  
 1000.00

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

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

Mailing Address 600 New Hampshire Avenue, N.W.  
Suite 500

City Washington State DC Zip Code 20037-2403

FEC ID number of contributing federal political committee. **C C00504753**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : A71026634416A4EF7BE4**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**United States Steel Corporation PAC**

Mailing Address 600 Grant Street

City Pittsburgh State PA Zip Code 15219-2702

FEC ID number of contributing federal political committee. **C C00030676**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : A8766CB5C96F247BE82C**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P.O. Box 10566

City Birmingham State AL Zip Code 35205

FEC ID number of contributing federal political committee. **C C00142596**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : A04D91B1C88324B4A979**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Altria Group, Inc. PAC**

Mailing Address 101 Constitution Avenue, N.W.  
Suite 400W

City Washington State DC Zip Code 20001-2155

FEC ID number of contributing federal political committee. **C C00089136**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 05 / 2014

**Transaction ID : AEE281F599B13415DB1E**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1915 Rexford Road

City Charlotte State NC Zip Code 28211-3465

FEC ID number of contributing federal political committee. **C C00379628**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 05 / 2014

**Transaction ID : ADEF69F635DB54EA6A2E**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Panhandle Peanut Growers Association PAC**

Mailing Address P.O. Box 361

City Wellington State TX Zip Code 79095-0361

FEC ID number of contributing federal political committee. **C C00382507**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 05 / 2014

**Transaction ID : A36776C7204C647EEB9B**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Peanut Buying Point-PAC**

Mailing Address P.O. Box 314

City Tifton State GA Zip Code 31793-0314

FEC ID number of contributing federal political committee. **C** C00374298

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : A463FA386DC384A9EAD6**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

49500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CrossRoads Media, LLC**

Mailing Address 66 Canal Center Plaza  
Suite 555

City Alexandria State VA Zip Code 22314-1576

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6739.15

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : AAA76D5EF0B3D4964830**

Amount of Each Receipt this Period  
6739.15

Vendor Refund for Overpayment

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

6739.15

6739.15

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

Full Name (Last, First, Middle Initial) <b>A. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address Longworth Building Basement Level		Amount of Each Disbursement this Period 272.40 <b>Transaction ID : B1A30A65E1FA242BD8E1</b>
City Washington	State DC Zip Code 20515-0001	
Purpose of Disbursement Memorabilia-Pins/Flags/Mugs		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address Longworth Building Basement Level		Amount of Each Disbursement this Period 17.25 <b>Transaction ID : BFF03146E1FEB48DE92C</b>
City Washington	State DC Zip Code 20515-0001	
Purpose of Disbursement Memorabilia-Pins/Flags/Mugs		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Adger Advertising</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 19409 Scenic Highway 98		Amount of Each Disbursement this Period 1083.88 <b>Transaction ID : B03CB74C41C65494CA77</b>
City Fairhope	State AL Zip Code 36532-6840	
Purpose of Disbursement Printing		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1373.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

Full Name (Last, First, Middle Initial) <b>A. Baldwin County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 267 Cypress Lake Drive		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : BC27E25C8B6B0427898F</b>
City State Zip Code Gulf Shores AL 36542-9106	Purpose of Disbursement Event Tickets	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Newman and Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address P.O. Box 3723		Amount of Each Disbursement this Period 2601.12 <b>Transaction ID : B3795C801DFED4C818D7</b>
City State Zip Code Montgomery AL 36109-0723	Purpose of Disbursement Accounting Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 85 Natoma St Unit 9		Amount of Each Disbursement this Period 85.00 <b>Transaction ID : B98F8939887804A5FA78</b>
City State Zip Code San Francisco CA 94105-2659	Purpose of Disbursement Online processing fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5686.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sonoma Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 223 Pennsylvania Avenue, S.E.		Amount of Each Disbursement this Period 678.30 <b>Transaction ID : B1F4B64D9FA1B425C992</b>
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement Event Catering	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jones Walker, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 499 South Capitol Street, S.W. Suite 600		Amount of Each Disbursement this Period 892.80 <b>Transaction ID : B10D8655879374737BFB</b>
City Washington State DC Zip Code 20003-4037	Purpose of Disbursement Legal Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Alabama Press Association</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 3324 Independence Drive		Amount of Each Disbursement this Period 1942.50 <b>Transaction ID : B8DAFAC7568A147CEBC0</b>
City Birmingham State AL Zip Code 35209-5602	Purpose of Disbursement Advertisement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General2013	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3513.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 85 Natoma St Unit 9		Amount of Each Disbursement this Period 141.63 <b>Transaction ID : BFDFBACE258B049C6BBC</b>
City San Francisco	State CA Zip Code 94105-2659	
Purpose of Disbursement Online processing fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Newman and Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address P.O. Box 3723		Amount of Each Disbursement this Period 711.95 <b>Transaction ID : B617D0044BBD74AE29DD</b>
City Montgomery	State AL Zip Code 36109-0723	
Purpose of Disbursement Accounting Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Newman and Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address P.O. Box 3723		Amount of Each Disbursement this Period 2922.28 <b>Transaction ID : BA477C964D369425B9BA</b>
City Montgomery	State AL Zip Code 36109-0723	
Purpose of Disbursement Accounting Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3775.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 85 Natoma St Unit 9		Amount of Each Disbursement this Period 85.80 <b>Transaction ID : B700EE6AA739345C6A9B</b>
City San Francisco	State CA Zip Code 94105-2659	
Purpose of Disbursement Online processing fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Candace Cooksey</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 63 North Reed Avenue		Amount of Each Disbursement this Period 4300.00 <b>Transaction ID : B00D6A9E0CB6C4BCEABF</b>
City Mobile	State AL Zip Code 36604-1337	
Purpose of Disbursement Debt Repayment: Fundraising Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 66 Canal Center Plaza #501		Amount of Each Disbursement this Period 7035.00 <b>Transaction ID : B0F2EFF6AE34F4018B98</b>
City Alexandria	State VA Zip Code 22314-1576	
Purpose of Disbursement Debt Repayment: Media Consulting/Online Advertising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11420.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 31			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 2157.01 <b>Transaction ID : B0913BF4557ED4672BD4</b>
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Credit Card Payment--See Memos	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 118.78 <b>Transaction ID : B7A6F0CA436F14CE1B49</b> <b>[MEMO ITEM]</b>
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Event Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 1536.00 <b>Transaction ID : B7DF9556AC74B4D47BD8</b> <b>[MEMO ITEM]</b>
City Atlanta	State GA	
Zip Code 30354-1989	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2157.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ed's Seafood Shed</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 3382 Battleship Parkway		Amount of Each Disbursement this Period 384.85
City Spanish Fort	State AL Zip Code 36527-9332	
Purpose of Disbursement Event Catering	Candidate Name	Transaction ID : B9951BA82CD1A4894B30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. BIG Capital Resources, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 3239 N Street, N.W., #9		Amount of Each Disbursement this Period 7500.00
City Washington	State DC Zip Code 20007-2834	
Purpose of Disbursement Debt Repayment: Fundraising Consulting	Candidate Name	Transaction ID : BF18274532107436FAA6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. The Gula Graham Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 499 South Capitol Street, S.W. Suite 420		Amount of Each Disbursement this Period 4296.80
City Washington	State DC Zip Code 20003-4027	
Purpose of Disbursement Debt Repayment: Fundraising Consulting	Candidate Name	Transaction ID : B862DF08EF0194EF6BDF
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11796.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Gula Graham Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 499 South Capitol Street, S.W. Suite 420		Amount of Each Disbursement this Period 9600.00 <b>Transaction ID : B932B68BAEFC042D2BFA</b>
City Washington State DC Zip Code 20003-4027	Purpose of Disbursement Debt Repayment: Fundraising Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Runoff2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Gula Graham Group</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 499 South Capitol Street, S.W. Suite 420		Amount of Each Disbursement this Period 2413.75 <b>Transaction ID : BA6907C71544C413AB69</b>
City Washington State DC Zip Code 20003-4027	Purpose of Disbursement Debt Repayment: Shipping/Fax/Catering Expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12013.75
<b>TOTAL</b> This Period (last page this line number only).....	51737.47

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 31	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

Full Name (Last, First, Middle Initial) <b>A. CHAD FINCHER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 4000 WULFF RD E		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : B95DA0FE1541F4BFBB1E</b>
City SEMMES State AL Zip Code 36575-5226	Purpose of Disbursement Debt Retirement Donation	
Candidate Name Chad Fincher	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AL District: 01		

Full Name (Last, First, Middle Initial) <b>B. QUIN HILLYER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO BOX 82314		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : BDBF9E06458344ACFBBF</b>
City MOBILE State AL Zip Code 36689-2314	Purpose of Disbursement Debt Retirement Donation	
Candidate Name Richard Quin Hillyer	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AL District: 01		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	4000.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Byrne for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Targeted Victory</b>	Nature of Debt (Purpose): Media Consulting/Online Advertising
Mailing Address 66 Canal Center Plaza #501	
City State Zip Code Alexandria VA 22314-1576	

Outstanding Balance Beginning This Period 41824.28	<b>Transaction ID : D52849BEDD678463087B</b>	
Amount Incurred This Period 7035.00	Payment This Period 7035.00	Outstanding Balance at Close of This Period 41824.28

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Huckaby Davis Lisker</b>	Nature of Debt (Purpose): Compliance Consulting
Mailing Address 228 S Washington St Suite 115	
City State Zip Code Alexandria VA 22314-5404	

Outstanding Balance Beginning This Period 10265.90	<b>Transaction ID : D9A756FC127E949A6876</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10265.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Gula Graham Group</b>	Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 499 South Capitol Street, S.W. Suite 420	
City State Zip Code Washington DC 20003-4027	

Outstanding Balance Beginning This Period 20000.00	<b>Transaction ID : D3E08F99A15234ED989D</b>	
Amount Incurred This Period 6715.55	Payment This Period 16310.55	Outstanding Balance at Close of This Period 10405.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	62495.18
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

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

NAME OF COMMITTEE (In Full)  
**Byrne for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BIG Capital Resources, LLC</b>	Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 3239 N Street, N.W., #9	
City State Zip Code Washington DC 20007-2834	

Outstanding Balance Beginning This Period 7500.00	Transaction ID : D01E182E018D74E7B988	
Amount Incurred This Period 0.00	Payment This Period 7500.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mrs. Candace Cooksey</b>	Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 63 North Reed Avenue	
City State Zip Code Mobile AL 36604-1337	

Outstanding Balance Beginning This Period 4300.00	Transaction ID : D8861C84BFCC0477EAF3	
Amount Incurred This Period 0.00	Payment This Period 4300.00	Outstanding Balance at Close of This Period 0.00

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	62495.18
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	62495.18