

# 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  
**KIEHNE FOR CONGRESS**

ADDRESS (number and street) PO BOX 1974  
 Check if different than previously reported. (ACC) EAGAR AZ 85925

2. **FEC IDENTIFICATION NUMBER** ▼ C C00572057 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
AZ 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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2015 through M M / D D / Y Y Y Y 09 / 30 / 2015

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 BRADLEY CRATE

Signature of Treasurer BRADLEY CRATE [Electronically Filed] Date M M / D D / Y Y Y Y 10 / 15 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**KIEHNE FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	84889.53	177492.07
(b) Total Contribution Refunds (from Line 20(d)) .....	2500.00	22300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	82389.53	155192.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	37165.99	52995.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37165.99	52995.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	579650.06	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	513652.14	

**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

**KIEHNE FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

<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).....	63600.00	152600.00
(ii) Unitemized .....	4686.00	5384.00
(iii) TOTAL of contributions from individuals .....	68286.00	157984.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	16603.53	19508.07
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	84889.53	177492.07
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	45000.00	478072.14
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	45000.00	478072.14
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	30.97	30.97
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	129920.50	655595.18

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37165.99	52995.12
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 .....	2500.00	22300.00
(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)).....	2500.00	22300.00
21. OTHER DISBURSEMENTS .....	0.00	650.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	39665.99	75945.12

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	489395.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	129920.50
25. SUBTOTAL (add Line 23 and Line 24).....	619316.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39665.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	579650.06

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

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

FOR LINE NUMBER: PAGE 5 OF 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LOUIS A BEECHERL**

Mailing Address 5950 CEDAR SPRINGS RD  
SUITE 220

City DALLAS State TX Zip Code 75235

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.4594**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 6514 PRAIRIE DUNES NE

City ALBUQUERQUE State NM Zip Code 87111-6537

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

Name of Employer SELF Occupation REALTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.4636**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JACK W BRUTON**

Mailing Address PO BOX 205

City MAGDALENA State NM Zip Code 87825

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

Name of Employer SELF-EMPLOYED Occupation RANCHER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.4616**

Amount of Each Receipt this Period  
 300.00

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

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

3400.00

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

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

FOR LINE NUMBER: PAGE 6 OF 58  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT W BURRIS**

Mailing Address **PO BOX 4078**

City **CHINO VALLEY** State **AZ** Zip Code **86323**

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

Name of Employer **SELF-EMPLOYED** Occupation **RANCHER**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 08 / 2015**

**Transaction ID : SA11AI.4567**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. J MIKE CAUDLE**

Mailing Address **PO BOX 11108**

City **MIDLAND** State **TX** Zip Code **79702**

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

Name of Employer **SELF-EMPLOYED** Occupation **OIL & GAS**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA11AI.4479**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JIMMY G CHRISTENSEN**

Mailing Address **PO BOX 554**

City **RESERVE** State **NM** Zip Code **87830**

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

Name of Employer **SELF-EMPLOYED** Occupation **RANCHER**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 08 / 2015**

**Transaction ID : SA11AI.4539**

Amount of Each Receipt this Period  
**250.00**

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

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

**1250.00**

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

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

FOR LINE NUMBER: PAGE 7 OF 58  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MYRNA L CHRISTENSEN**

Mailing Address **PO BOX 554**

City **RESERVE** State **NM** Zip Code **87830**

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

Name of Employer **SELF-EMPLOYED** Occupation **RANCHER**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 08 / 2015**

**Transaction ID : SA11AI.4541**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **P.O.BOX 50607**

City **MIDLAND** State **TX** Zip Code **79710**

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

Name of Employer **JOSE CUEVAS** Occupation **RESTAURANT OWNER**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA11AI.4634**

Amount of Each Receipt this Period  
**2000.00**

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

Mailing Address **PO BOX 2163**

City **MIDLAND** State **TX** Zip Code **79702**

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

Name of Employer **SELF-EMPLOYED** Occupation **OIL & GAS CONSULTING**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA11AI.4691**

Amount of Each Receipt this Period  
**500.00**

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

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

**2750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 58
	<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)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MATTHEW W FAUDREE**

Mailing Address 3511 CARDINAL LN

City MIDLAND State TX Zip Code 79707

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

Name of Employer SELF-EMPLOYED Occupation RANCHER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 08 / 2015

**Transaction ID : SA11AI.4551**

Amount of Each Receipt this Period  
 2700.00

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

Mailing Address PO BOX 1181

City SPRINGERVILLE State AZ Zip Code 85938

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

Name of Employer SELF-EMPLOYED Occupation RANCHERS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.4592**

Amount of Each Receipt this Period  
 700.00

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

Mailing Address PO BOX 91

City SNOWFLAKE State AZ Zip Code 85937

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

Name of Employer OWNER Occupation WINSLOW FORD

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : SA11AI.4672**

Amount of Each Receipt this Period  
 2700.00

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

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

6100.00

**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 58
	<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)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. GERTRUDE HICKMAN**

Mailing Address 11141 W LAURELWOOD LN

City AVONDALE State AZ Zip Code 85392

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.4483**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 3158 N VAN HORN RD

City FAIRBANKS State AK Zip Code 99701

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

Name of Employer SELF-EMPLOYED Occupation FUEL DISTRIBUTION

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2015

**Transaction ID : SA11AI.4545**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. R JOAQUIN HUNTINGTON**

Mailing Address 6548 CR 100

City HESPERUS State CO Zip Code 81326

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

Name of Employer SELF-EMPLOYED Occupation RANCHER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.4698**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

**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 58
	<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)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. SANTHA HUNTINGTON**

Mailing Address 6548 CR 100

City HESPERUS State CO Zip Code 81356

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

Name of Employer SELF-EMPLOYED Occupation RANCHER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.4700**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS E KELLY**

Mailing Address PO BOX 11026

City MIDLAND State TX Zip Code 79702

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

Name of Employer SELF-EMPLOYED Occupation OIL & GAS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.4702**

Amount of Each Receipt this Period  
 2300.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS E KELLY**

Mailing Address PO BOX 11026

City MIDLAND State TX Zip Code 79702

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

Name of Employer SELF-EMPLOYED Occupation OIL & GAS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.4707**

Amount of Each Receipt this Period  
 2700.00

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

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

5250.00

**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 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. ANNE G KIEHNE**

Mailing Address 2000 N SWAN ST  
SP 23

City State Zip Code  
SILVER CITY NM 88061

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

**Transaction ID : SA11AI.4481**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 21403 US HIGHWAY 62/180

City State Zip Code  
EL PASO TX 79938

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

**Transaction ID : SA11AI.4675**

Amount of Each Receipt this Period  
2000.00

TO BE REFUNDED

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

Mailing Address 21403 US HIGHWAY 62/180

City State Zip Code  
EL PASO TX 79938

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

**Transaction ID : SA11AI.4710**

Amount of Each Receipt this Period  
700.00

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

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

3700.00

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

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

FOR LINE NUMBER: PAGE 12 OF 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. Cherie Kiehne**

Mailing Address 2206 Sun Ranch Village Loop

City LOS LUNAS State NM Zip Code 87031

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

Name of Employer CENTERFIELD REAL ESTATE Occupation REAL ESTATE BROKER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.4517**

Amount of Each Receipt this Period  
 2700.00

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

Mailing Address 21403 US HIGHWAY 62/180

City EL PASO State TX Zip Code 79938

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

Name of Employer SELF-EMPLOYED Occupation CATTLE RANCHER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.4676**

Amount of Each Receipt this Period  
 2000.00

TO BE REFUNDED

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

Mailing Address 21403 US HIGHWAY 62/180

City EL PASO State TX Zip Code 79938

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

Name of Employer SELF-EMPLOYED Occupation CATTLE RANCHER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.4709**

Amount of Each Receipt this Period  
 700.00

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

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

5400.00

**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 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MAX KIEHNE**

Mailing Address 2206 Sun Ranch Village Loop

City State Zip Code  
LOS LUNAS NM 87031

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

Name of Employer Occupation  
CENTER FIRE REAL ESTATE REAL ESTATE BROKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : SA11AI.4516**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 4803 S HWY 349

City State Zip Code  
MIDLAND TX 79708

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

Name of Employer Occupation  
ENVIRO VAT MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

**Transaction ID : SA11AI.4646**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 218 HARVARD RD

City State Zip Code  
ST AUGUSTINE FL 32086

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

Name of Employer Occupation  
SELF-EMPLOYED AVIATION PARTS BROKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 24 / 2015

**Transaction ID : SA11AI.4511**

Amount of Each Receipt this Period  
250.00

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

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

5550.00

**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 58
	<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)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. JEFFREY MENGES**

Mailing Address PO BOX 842

City SAFFORD State AZ Zip Code 85548

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

Name of Employer SELF-EMPLOYED Occupation RANCHER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2015

**Transaction ID : SA11AI.4531**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address PO BOX 842

City SAFFORD State AZ Zip Code 85548

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

Name of Employer SELF-EMPLOYED Occupation RANCHER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2015

**Transaction ID : SA11AI.4533**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 355 MUNDY DR.

City SEDONA State AZ Zip Code 86351

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : SA11AI.4638**

Amount of Each Receipt this Period  
 250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 15 OF 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. DEE PERKINS**

Mailing Address 6380 AZ HWY 260

City State Zip Code  
SHOW LOW AZ 85901

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2015

**Transaction ID : SA11AI.4547**

Amount of Each Receipt this Period  
1250.00

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

Mailing Address 6380 AZ HWY 260

City State Zip Code  
SHOW LOW AZ 85901

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

Name of Employer Occupation  
PERKINS CINDERS OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2015

**Transaction ID : SA11AI.4665**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. NORMAN A POOLE**

Mailing Address 1067 SW 7TH AVE

City State Zip Code  
ONTARIO OR 97914

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.4579**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

**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 58
	<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)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL K POST**

Mailing Address 14180 W KIRBY HUGHES RD

City State Zip Code  
MARANA AZ 85653

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

Name of Employer Occupation  
SELF-EMPLOYED RANCHER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.4608**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JIM R PURCELL**

Mailing Address 113 CEDAR

City State Zip Code  
BIG SPRING TX 79720

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

Name of Employer Occupation  
THE STATE NATIONAL BANK OF BIG SPRING BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.4612**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. EVELYN SANDY ROBINSON**

Mailing Address PO BOX 1138

City State Zip Code  
CASA GRANDE AZ 85230

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

Name of Employer Occupation  
CHASE BANK TELLER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.4555**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 17 OF 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KEN ROBINSON**

Mailing Address 32078 S AGARITA DR

City State Zip Code  
ORACLE AZ 85623

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.4519**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. TIMOTHY A ROBINSON**

Mailing Address PO BOX 1138

City State Zip Code  
CASA GRANDE AZ 85230

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

Name of Employer Occupation  
EMPIRE SOUTHWEST MACHINERY SALES

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.4553**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD J ROBSON**

Mailing Address 9532 E RIGGS RD

City State Zip Code  
SUN LAKES AZ 85248

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

Name of Employer Occupation  
ROBSON COMMUNITIES CHAIRMAN & CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.4588**

Amount of Each Receipt this Period  
2700.00

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

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

3200.00

**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 58
	<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)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. DEBBIE ROULETTE**

Mailing Address **PO BOX 1662**

City **CAMP VERDE** State **AZ** Zip Code **86322**

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

Name of Employer **SELF-EMPLOYED** Occupation **REALTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 23 / 2015**

**Transaction ID : SA11AI.4575**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **PO BOX 1662**

City **CAMP VERDE** State **AZ** Zip Code **86322**

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

Name of Employer **SELF-EMPLOYED** Occupation **REALTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 23 / 2015**

**Transaction ID : SA11AI.4577**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **PO BOX 3336**

City **MIDLAND** State **TX** Zip Code **79702**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA11AI.4684**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 58
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MS. LAURA SHEPLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2015	
Mailing Address PO BOX 5487		<b>Transaction ID : SA11AI.4598</b>	
City TUSCON	State AZ	Zip Code 85752	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) <b>B. MR. PAUL E SHEPLEY JR</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2015	
Mailing Address PO BOX 5487		<b>Transaction ID : SA11AI.4543</b>	
City TUSCON	State AZ	Zip Code 85752	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer PRECISION SHOOTING EQUIPMENT INC.	Occupation PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) <b>C. MR. ED SHIELDS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2015	
Mailing Address PO BOX 4		<b>Transaction ID : SA11AI.4668</b>	
City SPRINGERVILLE	State AZ	Zip Code 85938	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer SELF-EMPLOYED	Occupation ACCOUNTANT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 58
	<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)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ED SHIELDS**

Mailing Address **PO BOX 4**

City **SPRINGERVILLE** State **AZ** Zip Code **85938**

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

Name of Employer **SELF-EMPLOYED** Occupation **ACCOUNTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA11AI.4663**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **PO BOX 4**

City **SPRINGERVILLE** State **AZ** Zip Code **85938**

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

Name of Employer **SELF-EMPLOYED** Occupation **ACCOUNTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA11AI.4708**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **PO BOX 498**

City **SWEETWATER** State **TX** Zip Code **79556**

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

Name of Employer **SELF-EMPLOYED** Occupation **TRUCKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 08 / 2015**

**Transaction ID : SA11AI.4537**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1100.00**

**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 21 OF 58
	<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)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HERB SNOW**

Mailing Address 22163 RTE 125

City State Zip Code  
VIRGINIA IL 62691

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

Name of Employer Occupation  
SELF-EMPLOYED FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2015

**Transaction ID : SA11AI.4529**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address PO BOX 2954

City State Zip Code  
MIDLAND TX 79702

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

Name of Employer Occupation  
SELF-EMPLOYED REAL ESTATE INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.4573**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 3320 S FORTUNA AVE

City State Zip Code  
YUMA AZ 85533

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

Name of Employer Occupation  
Triple T Restaurants Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.4687**

Amount of Each Receipt this Period  
50.00

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

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

4250.00

**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 22 OF 58
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. JUSTIN WALKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2015	
Mailing Address PO BOX 774		<b>Transaction ID : SA11AI.4549</b>	
City EAGAR	State AZ	Zip Code 85925	Amount of Each Receipt this Period _____ 1200.00
FEC ID number of contributing federal political committee.		C	
Name of Employer JW CONSTRUCTION	Occupation OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1200.00		

Full Name (Last, First, Middle Initial) <b>B. MR. JAY WHETTEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 12000 S TAYLOR PASS RD		<b>Transaction ID : SA11AI.4656</b>	
City WILLCOX	State AZ	Zip Code 85643	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BONITA CATTLE 76 RANCH	Occupation RANCHER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. MR. CHARLES WIGGINS</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2015	
Mailing Address PO BOX 10862		<b>Transaction ID : SA11AI.4527</b>	
City MIDLAND	State TX	Zip Code 79702	Amount of Each Receipt this Period _____ 2000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF-EMPLOYED	Occupation OIL & GAS EXPLORATION & PRODUCTION		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 4200.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 23 OF 58  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**E G WILKINSON**

Mailing Address **PO BOX 36924**

City **TUCSON** State **AZ** Zip Code **85740**

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

Name of Employer **SELF-EMPLOYED** Occupation **INVESTMENT MANAGEMENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA11AI.4696**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN M WILLIAMS**

Mailing Address **10 PRONGHORN LN**

City **ELGEN** State **AZ** Zip Code **85611**

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

Name of Employer **RETIRED** Occupation **REITRED**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA11AI.4662**

Amount of Each Receipt this Period  
**250.00**

**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 Y Y

Amount of Each Receipt this Period

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

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

**2950.00**

**63600.00**

**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 24 OF 58
	<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)  
**KIEHNE FOR CONGRESS**

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

Mailing Address P.O. Box 1974

City State Zip Code  
Eagar AZ 85925

FEC ID number of contributing federal political committee. **C H4AZ01145**

Name of Employer Occupation  
Self Employed Team Roper

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**452580.21**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 30 2015**

**Transaction ID : SA11D.4525**

Amount of Each Receipt this Period  
**16603.53**  
 KIEHNE IN-KIND: SEE SCHEDULE 17B

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**16603.53**

**16603.53**



**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 58	
	<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)  
**KIEHNE FOR CONGRESS**

**A. AI & DIANE'S RED ONION LOUNGE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1931 AZ-260

City HEBER State AZ Zip Code 85928

Purpose of Disbursement  
KIEHNE IN-KIND: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 29 / 2015

Amount of Each Disbursement this Period: 61.00

Transaction ID : SB17.4774

[MEMO ITEM]

**B. AMERICAN LEGION**

Full Name (Last, First, Middle Initial)  
Mailing Address 750 N GRANE AVE

City TUCSON State AZ Zip Code 85745

Purpose of Disbursement  
KIEHNE IN-KIND: PLACED MEDIA

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 09 / 2015

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.4797

[MEMO ITEM]

**C. BASHA'S**

Full Name (Last, First, Middle Initial)  
Mailing Address 142 AZ-260

City PAYSON State AZ Zip Code 85541

Purpose of Disbursement  
KIEHNE IN-KIND: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 06 / 2015

Amount of Each Disbursement this Period: 45.45

Transaction ID : SB17.4780

[MEMO ITEM]

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: PAGE 27 OF 58  
(check only one)  
 17     18     19a     19b  
                   20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

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

Mailing Address 601 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
KIEHNE IN-KIND: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 01 / 2015

Amount of Each Disbursement this Period  
66.00

Transaction ID : SB17.4828

[MEMO ITEM]

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

Mailing Address 601 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
KIEHNE IN-KIND: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 15 / 2015

Amount of Each Disbursement this Period  
240.00

Transaction ID : SB17.4772

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. CASA GRANDE BOYS & GIRLS CLUB**

Mailing Address 798 N PICACHO ST

City CASA GRANDE State AZ Zip Code 85122

Purpose of Disbursement  
KIEHNE IN-KIND: EVENT REGISTRATION FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 29 / 2015

Amount of Each Disbursement this Period  
150.00

Transaction ID : SB17.4795

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 58	
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CASA GRANDE CHAMBER OF COMMERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015
Mailing Address 575 N MARSHALL ST		Amount of Each Disbursement this Period 277.00
City CASA GRANDE	State AZ	
Zip Code 85122	Purpose of Disbursement KIEHNE IN-KIND: EVENT REGISTRATION FEE	Transaction ID : SB17.4793
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHARLIE CLARKS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2015
Mailing Address 1701 E WHITE MOUNTAIN BLVD		Amount of Each Disbursement this Period 156.00
City PINE TOP	State AZ	
Zip Code 85935	Purpose of Disbursement KIEHNE IN-KIND: MEETING EXPENSE: MEALS	Transaction ID : SB17.4770
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CHEVRON</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address 320 W FLORENCE BLVD		Amount of Each Disbursement this Period 49.98
City CASA GRANDE	State AZ	
Zip Code 85122	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	Transaction ID : SB17.4746
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 58			
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHEVRON</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 320 W FLORENCE BLVD		Amount of Each Disbursement this Period ..... 59.60
City CASA GRANDE	State AZ	
Zip Code 85122	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	Transaction ID : SB17.4755
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Circle K</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 4303 Broad St		Amount of Each Disbursement this Period ..... 77.49
City Claypool	State AZ	
Zip Code 85532	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL: FUEL	Transaction ID : SB17.4825
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Circle K</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2015
Mailing Address 4303 Broad St		Amount of Each Disbursement this Period ..... 72.91
City Claypool	State AZ	
Zip Code 85532	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL: FUEL	Transaction ID : SB17.4729
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 58			
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Circle K</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 4303 Broad St		Amount of Each Disbursement this Period 78.00
City Claypool	State AZ Zip Code 85532	
Purpose of Disbursement KIEHNE IN-KIND: TRAVEL: FUEL		Transaction ID : SB17.4730
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Circle K</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 4303 Broad St		Amount of Each Disbursement this Period 67.66
City Claypool	State AZ Zip Code 85532	
Purpose of Disbursement KIEHNE IN-KIND: TRAVEL: FUEL		Transaction ID : SB17.4743
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CIRCLE K</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address 311 E DEUCE OF CLUBS		Amount of Each Disbursement this Period 75.38
City SHOW LOW	State AZ Zip Code 85901	
Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL		Transaction ID : SB17.4748
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 58			
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CIRCLE K</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 311 E DEUCE OF CLUBS		Amount of Each Disbursement this Period 45.80
City SHOW LOW	State AZ Zip Code 85901	
Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL		Transaction ID : SB17.4768
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CONOCO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address NAVAJO ROUTE 7		Amount of Each Disbursement this Period 80.50
City CHINLE	State AZ Zip Code 86503	
Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL		Transaction ID : SB17.4764
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CORNER STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 2182 E FLORENCE BLVD		Amount of Each Disbursement this Period 84.42
City CASA GRANDE	State AZ Zip Code 85222	
Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL		Transaction ID : SB17.4728
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 58			
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CORNER STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 2182 E FLORENCE BLVD		Amount of Each Disbursement this Period 74.60
City CASA GRANDE	State AZ	
Zip Code 85222	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL: FUEL	Transaction ID : SB17.4824
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CORNER STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 4020 W RAY RD		Amount of Each Disbursement this Period 55.00
City CHANDLER	State AZ	
Zip Code 85226	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	Transaction ID : SB17.4734
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CORNER STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address 2182 E FLORENCE BLVD		Amount of Each Disbursement this Period 45.85
City CASA GRANDE	State AZ	
Zip Code 85222	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	Transaction ID : SB17.4744
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 58			
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CORNER STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address 2182 E FLORENCE BLVD		Amount of Each Disbursement this Period ..... 59.25
City CASA GRANDE	State AZ	
Zip Code 85222	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	Transaction ID : SB17.4752
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CORNER STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015
Mailing Address 2182 E FLORENCE BLVD		Amount of Each Disbursement this Period ..... 66.89
City CASA GRANDE	State AZ	
Zip Code 85222	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	Transaction ID : SB17.4754
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CORNER STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 2182 E FLORENCE BLVD		Amount of Each Disbursement this Period ..... 64.25
City CASA GRANDE	State AZ	
Zip Code 85222	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	Transaction ID : SB17.4757
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 58			
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. COSTCO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 3901 W COSTCO DRIVE		Amount of Each Disbursement this Period 178.24
City TUCSON State AZ Zip Code 85741	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.4718 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ECONO LODGE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address 2035 W 3RD ST		Amount of Each Disbursement this Period 61.08
City WINSLOW State AZ Zip Code 86047	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL: LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.4786 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. EXPRESS STOP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 274 GLANCE ST		Amount of Each Disbursement this Period 47.06
City GLOBE State AZ Zip Code 85501	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.4759 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 58	
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GAS &amp; GO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 1010 W CLEVELAND ST		Amount of Each Disbursement this Period 70.00
City ST JOHNS State AZ Zip Code 85936	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.4761 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. GIANT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address 310 S MAIN ST		Amount of Each Disbursement this Period 68.50
City TAYLOR State AZ Zip Code 85939	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.4732 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. GIANT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2015
Mailing Address 1790 S WHITE MOUNTAIN RD		Amount of Each Disbursement this Period 72.05
City SHOW LOW State AZ Zip Code 85091	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.4738 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GIANT</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2015
Mailing Address 1790 S WHITE MOUNTAIN RD		Amount of Each Disbursement this Period 57.12
City SHOW LOW State AZ Zip Code 85091	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.4751 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. GIANT</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 1790 S WHITE MOUNTAIN RD		Amount of Each Disbursement this Period 51.75
City SHOW LOW State AZ Zip Code 85091	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.4765 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. HATCH QUIK STOP</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 2310 NAVAJO BLVD		Amount of Each Disbursement this Period 66.50
City HOLBROOK State AZ Zip Code 86025	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.4819 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 58			
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HATCH QUIK STOP</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address 2310 NAVAJO BLVD		Amount of Each Disbursement this Period 36.51
City HOLBROOK	State AZ	
Zip Code 86025	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	Transaction ID : SB17.4740
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HATCH QUIK STOP</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2015
Mailing Address 2310 NAVAJO BLVD		Amount of Each Disbursement this Period 78.00
City HOLBROOK	State AZ	
Zip Code 86025	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	Transaction ID : SB17.4753
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HOTEL HARRINGTON</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address 436 11TH ST NW		Amount of Each Disbursement this Period 532.44
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement TRAVEL: LODGING	Transaction ID : SB17.4810
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	532.44
<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 38 OF 58	
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HOWARD JOHNSON</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 2520 E LUCKY LANE		Amount of Each Disbursement this Period 146.13
City FLAGSTAFF	State AZ	
Zip Code 86004	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL: LODGING	Transaction ID : SB17.4826
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GARY KIEHNE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address PO BOX 1974		Amount of Each Disbursement this Period 16603.53
City EAGAR	State AZ	
Zip Code 85925	Purpose of Disbursement KIEHNE IN-KIND: SEE MEMO ENTRIES	Transaction ID : SB17.4726
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 01		

Full Name (Last, First, Middle Initial) <b>C. LA PALOMA COUNTRY CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 3660 E SUNRISE DR		Amount of Each Disbursement this Period 348.31
City TUCSON	State AZ	
Zip Code 85718	Purpose of Disbursement KIEHNE IN-KIND: FACILITY RENTAL/CATERING SERVICES	Transaction ID : SB17.4784
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16603.53
<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 39 OF 58			
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LOVES TRAVEL STOP</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 4703 MAIN ST		Amount of Each Disbursement this Period 60.09
City JOSEPHY CITY	State AZ	
Purpose of Disbursement KIEHNE IN-KIND: TRAVEL: FUEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. LOVES TRAVEL STOP</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 4703 MAIN ST		Amount of Each Disbursement this Period 50.52
City JOSEPHY CITY	State AZ	
Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. LOVES TRAVEL STOP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 4703 MAIN ST		Amount of Each Disbursement this Period 27.41
City JOSEPHY CITY	State AZ	
Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 58			
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Gaither Martin</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 184 W 4th Ave		Amount of Each Disbursement this Period 3500.00
City Eagar	State AZ	
Zip Code 85925	Purpose of Disbursement KIEHNE IN-KIND: STRATEGY CONSULTING	Transaction ID : SB17.4829
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gaither Martin</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 184 W 4th Ave		Amount of Each Disbursement this Period 3500.00
City Eagar	State AZ	
Zip Code 85925	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.4832
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gaither Martin</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address 184 W 4th Ave		Amount of Each Disbursement this Period 7000.00
City Eagar	State AZ	
Zip Code 85925	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.4831
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 58			
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Gaither Martin</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 184 W 4th Ave		Amount of Each Disbursement this Period 3500.00
City Eagar	State AZ	
Zip Code 85925	Purpose of Disbursement KIEHNE IN-KIND: STRATEGY CONSULTING	Transaction ID : SB17.4787
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gaither Martin</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 184 W 4th Ave		Amount of Each Disbursement this Period 7000.00
City Eagar	State AZ	
Zip Code 85925	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.4714
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MAVERIK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2015
Mailing Address 2110 N PARK DR		Amount of Each Disbursement this Period 78.10
City WINSLOW	State AZ	
Zip Code 86047	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	Transaction ID : SB17.4736
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 58	
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MAVERIK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 2110 N PARK DR		Amount of Each Disbursement this Period 44.44
City WINSLOW	State AZ Zip Code 86047	
Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	Category/Type	Transaction ID : SB17.4767
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OCHOA'S</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015
Mailing Address 512 E COTTONWOOD LN		Amount of Each Disbursement this Period 90.00
City CASA GRANDE	State AZ Zip Code 85122	
Purpose of Disbursement KIEHNE IN-KIND: MEETING EXPENSE: MEALS	Category/Type	Transaction ID : SB17.4776
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PATTY ORONA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address PO BOX 1974		Amount of Each Disbursement this Period 1000.00
City EAGAR	State AZ Zip Code 85925	
Purpose of Disbursement KIEHNE IN-KIND: FUNDRAISING CONSULTING	Category/Type	Transaction ID : SB17.4830
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 58			
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PATTY ORONA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address PO BOX 1974		Amount of Each Disbursement this Period 2500.00
City EAGAR	State AZ	
Zip Code 85925	Purpose of Disbursement KIEHNE IN-KIND: ADMINISTRATIVE CONSULTING	Transaction ID : SB17.4788
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PATTY ORONA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address PO BOX 1974		Amount of Each Disbursement this Period 1000.00
City EAGAR	State AZ	
Zip Code 85925	Purpose of Disbursement KIEHNE IN-KIND: ADMINISTRATIVE CONSULTING	Transaction ID : SB17.4789
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PINETOP OFFICE &amp; ART SUPPLY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 1679 W WHITE MOUNTAIN BLVD.		Amount of Each Disbursement this Period 54.30
City LAKESIDE	State AZ	
Zip Code 85929	Purpose of Disbursement KIEHNE IN-KIND: PRINTING & DESIGN SERVICES	Transaction ID : SB17.4801
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 58	
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. QGIV, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 53 LAKE MORTON DR.		Amount of Each Disbursement this Period 106.90
City LAKELAND	State FL	
Zip Code 33801	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.4814
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. QGIV, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 53 LAKE MORTON DR.		Amount of Each Disbursement this Period 8.15
City LAKELAND	State FL	
Zip Code 33801	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.4815
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SAFEWAY</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 980 US-491		Amount of Each Disbursement this Period 200.00
City GALLUP	State NM	
Zip Code 87301	Purpose of Disbursement KIEHNE IN-KIND: MEETING EXPENSE: MEALS	Transaction ID : SB17.4778
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	115.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 58	
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SAFEWAY FUEL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2015
Mailing Address 117 SOUTH KINO PKWY		Amount of Each Disbursement this Period 75.85
City TUCSON State AZ Zip Code 85719	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	
Candidate Name		Transaction ID : SB17.4750 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. SAFEWAY FUEL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2015
Mailing Address 117 SOUTH KINO PKWY		Amount of Each Disbursement this Period 55.75
City TUCSON State AZ Zip Code 85719	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	
Candidate Name		Transaction ID : SB17.4756 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. SAM'S CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 1225 N GILBERT RD		Amount of Each Disbursement this Period 400.00
City GILBERT State AZ Zip Code 85234	Purpose of Disbursement KIEHNE IN-KIND: CATERING SERVICES	
Candidate Name		Transaction ID : SB17.4782 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 58			
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2015
Mailing Address 1788 N Broad St		Amount of Each Disbursement this Period 47.79
City Globe	State AZ	
Zip Code 85501	Purpose of Disbursement KIEHNE IN-KIND: TRAVEL FUEL	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SNOWFLAKE CHAMBER OF COMMERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address 113 S MAIN ST		Amount of Each Disbursement this Period 500.00
City SNOWFLAKE	State AZ	
Zip Code 85937	Purpose of Disbursement KIEHNE IN-KIND: PLACED MEDIA	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SOUTHWEST AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 2702 LOVE FIELD DR		Amount of Each Disbursement this Period 1324.00
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL: AIR	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1324.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 58			
	<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)  
**KIEHNE FOR CONGRESS**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1033 N FAIRFAX ST  
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Disbursement this Period  
230.83

Transaction ID : SB17.4722

Category/Type

**B. USPS**

Full Name (Last, First, Middle Initial)  
Mailing Address 113 W CENTRAL AVE

City EAGAR State AZ Zip Code 85925

Purpose of Disbursement  
KIEHNE IN-KIND: POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 02 / 2015

Amount of Each Disbursement this Period  
147.98

Transaction ID : SB17.4799

[MEMO ITEM]

Category/Type

**C. USPS**

Full Name (Last, First, Middle Initial)  
Mailing Address 113 W CENTRAL AVE

City EAGAR State AZ Zip Code 85925

Purpose of Disbursement  
KIEHNE IN-KIND: POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 16 / 2015

Amount of Each Disbursement this Period  
15.26

Transaction ID : SB17.4800

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 230.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 58	
	<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)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WHITE MOUNTAIN INDEPENDENT</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015	
Mailing Address 3191 S WHITE MOUNTAIN ROAD			Amount of Each Disbursement this Period 368.22	
City SHOW LOW	State AZ	Zip Code 85901	Transaction ID : SB17.4724	
Purpose of Disbursement PRINTING & DESIGN SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. WHITE MOUNTAIN INDEPENDENT</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015	
Mailing Address 3191 S WHITE MOUNTAIN ROAD			Amount of Each Disbursement this Period 163.28	
City SHOW LOW	State AZ	Zip Code 85901	Transaction ID : SB17.4725	
Purpose of Disbursement PRINTING & DESIGN SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C.</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		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	531.50
<b>TOTAL</b> This Period (last page this line number only).....	36837.35

**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 49 OF 58			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PERKINS CINDERS, INC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015	
Mailing Address 1950 EAST ADAMS SUITE C			Amount of Each Disbursement this Period 2500.00	
City SHOW LOW	State AZ	Zip Code 85901	Transaction ID : SB20A.4818	
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type			
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</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	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>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	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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4099

**KIEHNE FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2016

Gary Kiehne

Primary  
 General  
 Other (specify) ▼

Mailing Address  
P.O. Box 1974

City State ZIP Code  
Eagar AZ 85925

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19700.00	0.00	19700.00

**TERMS**

Date Incurred: M 03 / D 30 / Y 2015  
 Date Due: M M / D D / Y On Demand  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	19700.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **KIEHNE FOR CONGRESS** Transaction ID : **SC/10.4460**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2016  
**Gary Kiehne**  Primary  
 Mailing Address P.O. Box 1974  General  
 Other (specify) ▼

City State ZIP Code  
 Eagar AZ 85925

Original Amount of Loan 12722.14	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12722.14
-------------------------------------	------------------------------------	---

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No  
 06 / 30 / 2015 DUE ON DEMAND

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 12722.14  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]  
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4467

KIEHNE FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2016

Gary Kiehne

Primary

General

Other (specify) ▼

Mailing Address  
P.O. Box 1974

City State ZIP Code  
Eagar AZ 85925

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
650.00 0.00 650.00

TERMS

Date Incurred Date Due Interest Rate Secured:  
06 / 30 / 2015 DUE ON DEMAND 0.00 % (apr)  Yes  No

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

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

SUBTOTALS This Period This Page (optional)..... 650.00  
TOTALS This Period (last page in this line only).....

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4474

**KIEHNE FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2016

Gary Kiehne

Primary

General

Other (specify) ▼

Mailing Address  
P.O. Box 1974

City State ZIP Code  
Eagar AZ 85925

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
400000.00 0.00 400000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

06

30

2015

12/31/2016

0.00

% (apr)

Yes

No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 400000.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4838

**KIEHNE FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2016

Gary Kiehne

Primary

General

Other (specify) ▼

Mailing Address  
P.O. Box 1974

City State ZIP Code  
Eagar AZ 85925

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
45000.00 0.00 45000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
09 / 30 / 2015 DUE ON DEMAND 0.00 % (apr)  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... 45000.00  
**TOTALS** This Period (last page in this line only)..... 478072.14

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

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

NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Fred Allison</b>		Nature of Debt (Purpose): General 2014 Contribution
Mailing Address 14 Hialeah		
City State	Zip Code	
Midland TX	79705	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4183</b>	
<input type="text" value="500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DINSMORE &amp; SHOHL LLP</b>		Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address PO BOX 640635		
City State	Zip Code	
CINCINNATI OH	45264	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4834</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3080.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3080.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mary Karen Fletcher</b>		Nature of Debt (Purpose): General 2014 Contribution
Mailing Address 7837 W Deer Valley Rd		
City State	Zip Code	
Peoria AZ	85382	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4185</b>	
<input type="text" value="2400.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2400.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="5980.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**KIEHNE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Robert Fletcher**

Nature of Debt (Purpose):  
General 2014 Contribution

Mailing Address 7837 W Deer Valley Rd

City State Zip Code  
Peoria AZ 85382

Outstanding Balance Beginning This Period  
2400.00

Transaction ID : SD10.4186

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 2400.00

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

Nature of Debt (Purpose):  
General 2014 Contribution

Mailing Address 3620 Buxton

City State Zip Code  
Horizon City TX 79928

Outstanding Balance Beginning This Period  
2400.00

Transaction ID : SD10.4190

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 2400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**MS. Cherie Kiehne**

Nature of Debt (Purpose):  
General 2014 Contribution

Mailing Address 2206 Sun Ranch Village Loop

City State Zip Code  
LOS LUNAS NM 87031

Outstanding Balance Beginning This Period  
2400.00

Transaction ID : SD10.4188

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 2400.00

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

7200.00

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

NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Emil Kiehne</b>		Nature of Debt (Purpose): General 2014 Contribution
Mailing Address 3620 Buxton Dr		
City	State	Zip Code
Horizon City	TX	79928

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4193</b>	
<input type="text" value="2400.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2400.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MR. MAX KIEHNE</b>		Nature of Debt (Purpose): General 2014 Contribution
Mailing Address 2206 Sun Ranch Village Loop		
City	State	Zip Code
LOS LUNAS	NM	87031

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4191</b>	
<input type="text" value="2400.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2400.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gary Lamb</b>		Nature of Debt (Purpose): General 2014 Contribution
Mailing Address P.O. Box 3383		
City	State	Zip Code
Midland	TX	79702

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4194</b>	
<input type="text" value="2400.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2400.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="7200.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full)  
**KIEHNE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RED CURVE SOLUTIONS</b>	Nature of Debt (Purpose): COMPLIANCE CONSULTING
Mailing Address 138 CONANT ST	
City State Zip Code BEVERLY MA 01915	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4836</b>	
Amount Incurred This Period 10400.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Daniel Snow</b>	Nature of Debt (Purpose): General 2014 Contribution
Mailing Address P.O. Box 596	
City State Zip Code Andrews TX 79714	

Outstanding Balance Beginning This Period 2400.00	<b>Transaction ID : SD10.4196</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lynn Snow</b>	Nature of Debt (Purpose): General 2014 Contribution
Mailing Address P.O. Box 596	
City State Zip Code Andrews TX 79714	

Outstanding Balance Beginning This Period 2400.00	<b>Transaction ID : SD10.4198</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2400.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	15200.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	35580.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	478072.14
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	513652.14