

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 BRENDA HANKINS

Signature of Treasurer BRENDA HANKINS [Electronically Filed] Date  /  /

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 3X (Rev. 02/2003)

Write or Type Committee Name

**CARLY FOR AMERICA**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="0"/>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	62222.35	
(c) Total Receipts (from Line 19) .....	860772.41	923797.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	922994.76	923797.58
7. Total Disbursements (from Line 31).....	128188.04	128990.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	794806.72	794806.72
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) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**CARLY FOR AMERICA**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5925.00	7675.00
(ii) Unitemized .....	29847.41	41122.58
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35772.41	48797.58
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	35772.41	48797.58
12. Transfers From Affiliated/Other Party Committees.....	250000.00	300000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	575000.00	575000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	860772.41	923797.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	860772.41	923797.58

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	39253.99	40056.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	39253.99	40056.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	17500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	71434.05	71434.05
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	128188.04	128990.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	128188.04	128990.86

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	35772.41	48797.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35772.41	48797.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	39253.99	40056.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	39253.99	40056.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

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

Mailing Address 36 ALLERTON ST. BROOKLINE, MA  
TULULA77@MAC.COM

City BROOKLINE	State MA	Zip Code 02445-
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FEC ID number of contributing federal political committee. **C**

Name of Employer POLYVINYL FILMS	Occupation MARKETING
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2016

**Transaction ID : SA11A.345673**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 36 ALLERTON ST. BROOKLINE, MA  
TULULA77@MAC.COM

City BROOKLINE	State MA	Zip Code 02445-
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FEC ID number of contributing federal political committee. **C**

Name of Employer POLYVINYL FILMS	Occupation MARKETING
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SA11A.346144**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 36 ALLERTON ST. BROOKLINE, MA  
TULULA77@MAC.COM

City BROOKLINE	State MA	Zip Code 02445-
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FEC ID number of contributing federal political committee. **C**

Name of Employer POLYVINYL FILMS	Occupation MARKETING
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2016

**Transaction ID : SA11A.346426**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. THOMAS FOLK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2202 LILY DR.  
City RUSTON State LA Zip Code 71270-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 16 / 2016  
**Transaction ID : SA11A.346544**  
Amount of Each Receipt this Period 1000.00  
 Memo Item  
CONTRIBUTION

**B. BRAD JORDAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1190 BABLER PARK ROAD  
City GLENCOE State MO Zip Code 63038-1308  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JL GROUP Occupation MANAGER  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2016  
**Transaction ID : SA11A.346548**  
Amount of Each Receipt this Period 500.00  
 Memo Item  
CONTRIBUTION

**C. MR. SCOTT KELLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 N MARKETPLACE DR. #101, CENTER  
City CENTERVILLE State UT Zip Code 84014-1711  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KELLER INVESTMENT PROPERTIES Occupation PRESIDENT/CEO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 01 / 2016  
**Transaction ID : SA11A.345725**  
Amount of Each Receipt this Period 1000.00  
 Memo Item  
CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 8 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. RICHARD LANG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5454 HEYWARD SQUARE PL  
 City State Zip Code  
 MARIETTA GA 30068-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 COMCAST SVP-MARKETING  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2016  
**Transaction ID : SA11A.345897**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**B. DANIEL MARET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2650 LAKE SHORE DRIVE, UNIT 2205  
 City State Zip Code  
 RIVIERA BEACH FL 33404-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SEQUOIA CONSULTING GROUP, INC BUSINESS OWNER AND CONSULTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2016  
**Transaction ID : SA11A.346266**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**C. JAMES MCBRIDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 HIGH RIDGE RD.  
 City State Zip Code  
 NORWAY ME 04268-4882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2016  
**Transaction ID : SA11A.345621**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. PALMER MOE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 319 GRANITE SHOALS LANE

City SUNRISE BEACH	State TX	Zip Code 78643-9377
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		10		2016

**Transaction ID : SA11A.345939**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B. TERRY NEWLIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6710 WILDWOOD WAY

City HOUSTON	State TX	Zip Code 77023-4024
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FEC ID number of contributing federal political committee. **C**

Name of Employer MILLER - NEWLIN & CO., P.C.	Occupation CPA
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		03		2016

**Transaction ID : SA11A.346113**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**C. TERRY NEWLIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6710 WILDWOOD WAY

City HOUSTON	State TX	Zip Code 77023-4024
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FEC ID number of contributing federal political committee. **C**

Name of Employer MILLER - NEWLIN & CO., P.C.	Occupation CPA
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		19		2016

**Transaction ID : SA11A.346446**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

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

Mailing Address 536 BUFFLEHEAD DRIVE

City JOHNS ISLAND	State SC	Zip Code 29455-5791
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016  
**Transaction ID : SA11A.345747**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

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

Mailing Address 536 BUFFLEHEAD DRIVE

City JOHNS ISLAND	State SC	Zip Code 29455-5791
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2016  
**Transaction ID : SA11A.346360**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2005 ARTHUR LANE

City AUSTIN	State TX	Zip Code 78704-3235
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FEC ID number of contributing federal political committee. **C**

Name of Employer IC2 - UT AUSTIN	Occupation PROFESSOR
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016  
**Transaction ID : SA11A.346271**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5925.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00577312

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2016

**Transaction ID : SA12.7361**

Amount of Each Receipt this Period  
 250000.00

Memo Item

**AFFILIATED COMMITTEE TRANSFER**

**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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	250000.00

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

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

FOR LINE NUMBER: PAGE 12 OF 29  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 26141  
 City ALEXANDRIA State VA Zip Code 22313  
 FEC ID number of contributing federal political committee. **C** C00573154  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 575000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2016  
**Transaction ID : SA17.7365**  
 Amount of Each Receipt this Period  
 575000.00  
 Memo Item  
 (NON-CONTRIBUTION)

**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) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	575000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement: CC PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 30 / 2016

Transaction ID : **SB21B.I7364**

Amount of Each Disbursement this Period: 523.16

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement: CC PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 31 / 2016

Transaction ID : **SB21B.I7392**

Amount of Each Disbursement this Period: 891.31

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement: CC PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.I7393**

Amount of Each Disbursement this Period: 922.54

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2337.01

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 05 / 2016

Transaction ID : **SB21B.I7357**

Amount of Each Disbursement this Period: 250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 07 / 2016

Transaction ID : **SB21B.I7359**

Amount of Each Disbursement this Period: 250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MLJ CONSULTING, INC.**

Mailing Address PO BOX 26402

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 09 / 2016

Transaction ID : **SB21B.I7314**

Amount of Each Disbursement this Period: 4024.98

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4524.98

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MLJ CONSULTING, INC.**

Mailing Address PO BOX 26402

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.I7352**

Amount of Each Disbursement this Period

4952.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. S.J. ROLLINS TECHNOLOGIES INC.**

Mailing Address 242 STATE ST

City BANGOR State ME Zip Code 04401

Purpose of Disbursement  
IT SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

Transaction ID : **SB21B.I7342**

Amount of Each Disbursement this Period

170.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. STATECRAFT PLLC**

Mailing Address 649 N 4TH AVE  
STE B

City PHOENIX State AZ Zip Code 85003

Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 17 / 2016

Transaction ID : **SB21B.I7309**

Amount of Each Disbursement this Period

2200.00

Memo Item

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

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

7322.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

### A. TUSK DIGITAL

Mailing Address 718 7TH ST NW  
FL 2

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 17 / 2016

Transaction ID : SB21B.I7310

Amount of Each Disbursement this Period

16000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. TUSK DIGITAL

Mailing Address 718 7TH ST NW  
FL 2

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
DIGITAL CONSUTLING; SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : SB21B.I7318

Amount of Each Disbursement this Period

9050.00

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

25050.00

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

39233.99

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FAMILIES FOR JAMES LANKFORD**

Mailing Address 16121 WINDRUSH PL

City EDMOND State OK Zip Code 73013

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JAMES PAUL LANKFORD MR.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : **SB23.I7347**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF PAT TOOMEY**

Mailing Address 5250 WHEATLAND DR

City ZIONSVILLE State PA Zip Code 18092

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**PATRICK JOSEPH TOOMEY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : **SB23.I7345**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF KELLY AYOTTE INC**

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**KELLY A AYOTTE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : **SB23.I7349**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

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

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

7500.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PORTMAN FOR SENATE COMMITTEE**

Mailing Address 825 MIAMI AVENUE

City TERRACE PA State OH Zip Code 45174

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**ROB PORTMAN**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : **SB23.I7348**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MIKE LEE INC**

Mailing Address 917 QUAIL HOLLOW CIRCLE

City ALPINE State UT Zip Code 84004

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**MIKE LEE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : **SB23.I7346**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. MAGGIE'S LIST**

Mailing Address 6675 WEEPING WILLOW WAY

City TALLAHASSEE State FL Zip Code 32311

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2016

Transaction ID : **SB23.I7312**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

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

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

10000.00
----------

17500.00
----------

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CARDMEMBER SERVICES**

Mailing Address PO BOX 1423

City CHARLOTTE State NC Zip Code 28201

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2016

Transaction ID : SB29.I7316

Amount of Each Disbursement this Period

7098.11

Memo Item

NON-CONTRIBUTION ACCOUNT; ITEMIZED BELOW

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2016

Transaction ID : SB29.I7368

Amount of Each Disbursement this Period

238.10

Memo Item

CARDMEMBER SERVICES 6/9

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2016

Transaction ID : SB29.I7369

Amount of Each Disbursement this Period

279.10

Memo Item

CARDMEMBER SERVICES 6/9

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

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

7098.11

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code  
FORT WORTH TX 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2016

Transaction ID : **SB29.I7370**

Amount of Each Disbursement this Period

279.10

Memo Item  
CARDMEMBER SERVICES 6/9

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code  
FORT WORTH TX 76155

Purpose of Disbursement  
CARDMEMBER SERVICES 6/9

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

Transaction ID : **SB29.I7376**

Amount of Each Disbursement this Period

526.68

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code  
FORT WORTH TX 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

Transaction ID : **SB29.I7377**

Amount of Each Disbursement this Period

511.21

Memo Item  
CARDMEMBER SERVICES 6/9

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code  
FORT WORTH TX 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 06 / 2016

**Transaction ID : SB29.I7378**

Amount of Each Disbursement this Period

1048.20

Memo Item  
CARDMEMBER SERVICES 6/9

Full Name (Last, First, Middle Initial)

**B. HILTON**

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 27 / 2016

**Transaction ID : SB29.I7372**

Amount of Each Disbursement this Period

563.72

Memo Item  
CARDMEMBER SERVICES 6/9

Full Name (Last, First, Middle Initial)

**C. HILTON**

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 27 / 2016

**Transaction ID : SB29.I7373**

Amount of Each Disbursement this Period

257.60

Memo Item  
CARDMEMBER SERVICES 6/9

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LIMOLINK**

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I7374**

Amount of Each Disbursement this Period

Memo Item  
CARDMEMBER SERVICES 6/9

Full Name (Last, First, Middle Initial)

**B. LIMOLINK**

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I7375**

Amount of Each Disbursement this Period

Memo Item  
CARDMEMBER SERVICES 6/9

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I7366**

Amount of Each Disbursement this Period

Memo Item  
CARDMEMBER SERVICES 6/9

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address P.O. BOX 06649

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 05 / 2016

Transaction ID : **SB29.I7367**

Amount of Each Disbursement this Period

1015.10

Memo Item  
CARDMEMBER SERVICES 6/9

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address P.O. BOX 06649

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 05 / 2016

Transaction ID : **SB29.I7371**

Amount of Each Disbursement this Period

1015.10

Memo Item  
CARDMEMBER SERVICES 6/9

Full Name (Last, First, Middle Initial)

**C. CARDMEMBER SERVICES**

Mailing Address PO BOX 1423

City State Zip Code  
CHARLOTTE NC 28201

Purpose of Disbursement  
CREDIT CARD PAYMENT (NON-CONTRIBUTION ACCOUNT)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : **SB29.I7344**

Amount of Each Disbursement this Period

7388.96

Memo Item

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

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

7388.96

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code  
FORT WORTH TX 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	6

Transaction ID : **SB29.I7389**

Amount of Each Disbursement this Period

4	9	2	.	6	0
---	---	---	---	---	---

Memo Item  
CARDMEMBER SERVICES 6/22

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code  
FORT WORTH TX 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	6

Transaction ID : **SB29.I7390**

Amount of Each Disbursement this Period

4	9	2	.	6	0
---	---	---	---	---	---

Memo Item  
CARDMEMBER SERVICES 6/22

Full Name (Last, First, Middle Initial)

**C. HERTZ**

Mailing Address 225 BRAE BLVD

City State Zip Code  
PARK RIDGE NJ 07656

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	6

Transaction ID : **SB29.I7391**

Amount of Each Disbursement this Period

5	0	5	.	1	3
---	---	---	---	---	---

Memo Item  
CARDMEMBER SERVICES 6/22

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

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

0	0	0
---	---	---

0	0	0
---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. HYATT**

Mailing Address 71 SOUTH WACKER DR.  
12TH FLOOR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I7382**

Amount of Each Disbursement this Period

Memo Item  
CARDMEMBER SERVICES 6/22

Full Name (Last, First, Middle Initial)

**B. HYATT**

Mailing Address 71 SOUTH WACKER DR.  
12TH FLOOR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I7384**

Amount of Each Disbursement this Period

Memo Item  
CARDMEMBER SERVICES 6/22

Full Name (Last, First, Middle Initial)

**C. LIMOLINK**

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I7379**

Amount of Each Disbursement this Period

Memo Item  
CARDMEMBER SERVICES 6/22

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LIMOLINK**

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I7381**

Amount of Each Disbursement this Period

Memo Item  
CARDMEMBER SERVICES 6/22

Full Name (Last, First, Middle Initial)

**B. LIMOLINK**

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I7383**

Amount of Each Disbursement this Period

Memo Item  
CARDMEMBER SERVICES 6/22

Full Name (Last, First, Middle Initial)

**C. LIMOLINK**

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I7388**

Amount of Each Disbursement this Period

Memo Item  
CARDMEMBER SERVICES 6/22

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. VIRGIN AMERICA**

Mailing Address 555 AIRPORT BLVD  
FL2

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I7385**

Amount of Each Disbursement this Period

Memo Item  
CARDMEMBER SERVICES 6/22

Full Name (Last, First, Middle Initial)

**B. VIRGIN AMERICA**

Mailing Address 555 AIRPORT BLVD  
FL2

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I7386**

Amount of Each Disbursement this Period

Memo Item  
CARDMEMBER SERVICES 6/22

Full Name (Last, First, Middle Initial)

**C. VIRGIN AMERICA**

Mailing Address 555 AIRPORT BLVD  
FL2

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I7387**

Amount of Each Disbursement this Period

Memo Item  
CARDMEMBER SERVICES 6/22

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MLJ CONSULTING, INC.**

Mailing Address PO BOX 26402

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2016

Transaction ID : SB29.I7315

Amount of Each Disbursement this Period

4024.98

Memo Item  
NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. MLJ CONSULTING, INC.**

Mailing Address PO BOX 26402

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
RENT (NON-CONTRIBUTION ACCOUNT)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB29.I7351

Amount of Each Disbursement this Period

4952.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. S.J. ROLLINS TECHNOLOGIES INC.**

Mailing Address 242 STATE ST

City BANGOR State ME Zip Code 04401

Purpose of Disbursement  
IT SERVICES (NON-CONTRIBUTION ACCOUNT)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

Transaction ID : SB29.I7343

Amount of Each Disbursement this Period

170.00

Memo Item

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

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

9146.98

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TARBELL COMPANIES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R  
STE 500

**Transaction ID : SB29.I7350**

City LANGHORN State PA Zip Code 19047

Amount of Each Disbursement this Period

18750.00
----------

Purpose of Disbursement STRATEGIC CONSULTING (NON-CONTRIBUTION ACCOUNT)

Category/Type
---------------

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. TUSK DIGITAL**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2016

Mailing Address 718 7TH ST NW  
FL 2

**Transaction ID : SB29.I7317**

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

9050.00
---------

Purpose of Disbursement DIGITAL CONSULTING; SERVICES

Category/Type
---------------

Candidate Name

Memo Item  
(NON-CONTRIBUTION ACCOUNT)

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. UNLOCKING POTENTIAL PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2016

Mailing Address 1390 CHAIN BRIDGE ROAD #515

**Transaction ID : SB29.I7313**

City MCLEAN State VA Zip Code 22101

Amount of Each Disbursement this Period

20000.00
----------

Purpose of Disbursement CONTRIBUTION TO IE ONLY COMMITTEE (NON-CONTRIBUTION ACCOUNT)

Category/Type
---------------

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

47800.00
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71434.05
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