

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **PO BOX 25647**  
 Check if different than previously reported. (ACC) **ALEXANDRIA VA 22313**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00610568** 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  **11** /  **06** /  **2018** in the State of

5. Covering Period  **10** /  **01** /  **2018** through  **11** /  **26** /  **2018**

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

Signature of Treasurer Hankins, Brenda, , , [Electronically Filed] Date  **12** /  **06** /  **2018**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		127186.88
(b) Cash on Hand at Beginning of Reporting Period.....	34284.09	
(c) Total Receipts (from Line 19) .....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	34284.09	127186.88
7. Total Disbursements (from Line 31).....	6253.94	99156.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28030.15	28030.15
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

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).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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.).....	0.00	0.00
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)).....▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	0.00

**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 .....	6253.94	94136.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6253.94	94136.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	20.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6253.94	99156.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6253.94	99156.73

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6253.94	94136.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6253.94	94136.73

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. American Express**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2018					

Mailing Address World Financial Center  
200 Vesey St

City New York State NY Zip Code 10285

Purpose of Disbursement  
Credit Card Payment

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4405**  
Amount of Each Disbursement this Period

[ ] 2030.26

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. Uber**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
08			23			2018					

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4405.c**  
Amount of Each Disbursement this Period

[ ] 9.78

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. Uber**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
08			23			2018					

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4405.**  
Amount of Each Disbursement this Period

[ ] 7.00

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

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

[ ] 2030.26

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.4405.3**  
Amount of Each Disbursement this Period  
2.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.4405.3**  
Amount of Each Disbursement this Period  
37.07

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.4405.**  
Amount of Each Disbursement this Period  
1.00

Memo Item

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

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

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Uber

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.4405.f**  
Amount of Each Disbursement this Period  
35.51

Memo Item

Full Name (Last, First, Middle Initial)

### B. Uber

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.4405.7**  
Amount of Each Disbursement this Period  
33.55

Memo Item

Full Name (Last, First, Middle Initial)

### C. Uber

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.4405.**  
Amount of Each Disbursement this Period  
2.00

Memo Item

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4405.1

Amount of Each Disbursement this Period: 2.00

Memo Item

**B. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4405.1

Amount of Each Disbursement this Period: 31.20

Memo Item

**C. Style Me Bar LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 23014 Weybridge Square

City Broadlands State VA Zip Code 20148

Purpose of Disbursement Hair & Makeup Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 06 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4405.1

Amount of Each Disbursement this Period: 170.00

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. WayFair**

Full Name (Last, First, Middle Initial)

Mailing Address 4 Copley Pl  
7th Fl

City Boston State MA Zip Code 02116

Purpose of Disbursement Furniture

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 06 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4405.1

Amount of Each Disbursement this Period: 1212.59

Memo Item

**B. Style Me Bar LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 23014 Weybridge Square

City Broadlands State VA Zip Code 20148

Purpose of Disbursement Hair & Makeup Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4405.1

Amount of Each Disbursement this Period: 340.00

Memo Item

**C. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
Fl 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 10 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4405.1

Amount of Each Disbursement this Period: 9.81

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4405.1

Amount of Each Disbursement this Period: 21.96

Memo Item

**B. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4405.1

Amount of Each Disbursement this Period: 1.00

Memo Item

**C. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4405.1

Amount of Each Disbursement this Period: 1.00

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4405.1

Amount of Each Disbursement this Period: 8.29

Memo Item

**B. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4405.1

Amount of Each Disbursement this Period: 17.28

Memo Item

**C. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4405.1

Amount of Each Disbursement this Period: 1.00

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018
Mailing Address 1455 Market St FI 4		FEC Identification Number C
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Travel	Candidate Name	Transaction ID : <b>SB21B.4405.2</b> Amount of Each Disbursement this Period 18.18
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018
Mailing Address 1455 Market St FI 4		FEC Identification Number C
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Travel	Candidate Name	Transaction ID : <b>SB21B.4405.2</b> Amount of Each Disbursement this Period 2.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Uber</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 1455 Market St FI 4		FEC Identification Number C
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Travel	Candidate Name	Transaction ID : <b>SB21B.4405.</b> Amount of Each Disbursement this Period 1.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> 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 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4405.1

Amount of Each Disbursement this Period: 30.07

Memo Item

**B. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address World Financial Center  
200 Vesey St

City New York State NY Zip Code 10285

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4407

Amount of Each Disbursement this Period: 3541.13

Memo Item

**C. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4407.

Amount of Each Disbursement this Period: 44.37

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3541.13

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address 1455 Market St FI 4		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4407.</b> Amount of Each Disbursement this Period [ ] 2.00
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Travel		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Style Me Bar LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2018
Mailing Address 23014 Weybridge Square		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4407.2</b> Amount of Each Disbursement this Period [ ] 170.00
City Broadlands	State VA	Zip Code 20148
Purpose of Disbursement Hair & Makeup Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Uber</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2018
Mailing Address 1455 Market St FI 4		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4407.</b> Amount of Each Disbursement this Period [ ] 5.00
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Travel		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

[ ] 0.00
[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Uber

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2018

FEC Identification Number

C

Transaction ID : SB21B.4407.  
Amount of Each Disbursement this Period

52.90

Memo Item

Full Name (Last, First, Middle Initial)

### B. Uber

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2018

FEC Identification Number

C

Transaction ID : SB21B.4407.5  
Amount of Each Disbursement this Period

23.28

Memo Item

Full Name (Last, First, Middle Initial)

### C. Uber

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2018

FEC Identification Number

C

Transaction ID : SB21B.4407.  
Amount of Each Disbursement this Period

3.00

Memo Item

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4407.;

Amount of Each Disbursement this Period: 7.76

Memo Item

**B. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4407.8

Amount of Each Disbursement this Period: 1.00

Memo Item

**C. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St  
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4407.

Amount of Each Disbursement this Period: 1.00

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Style Me Bar LLC**

Mailing Address 23014 Weybridge Square

City Broadlands State VA Zip Code 20148

Purpose of Disbursement  
Hair & Makeup Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4407.  
Amount of Each Disbursement this Period  
170.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ritz-Carlton**

Mailing Address 4445 Willard Ave Ste 800

City Chevy Chase State MD Zip Code 20815

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4407.1  
Amount of Each Disbursement this Period  
748.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DCA Reagan Parking**

Mailing Address 1 Aviation Cir

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4407.  
Amount of Each Disbursement this Period  
50.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Ritz-Carlton**

Full Name (Last, First, Middle Initial)

Mailing Address 4445 Willard Ave  
Ste 800

City Chevy Chase State MD Zip Code 20815

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4407.

Amount of Each Disbursement this Period: 830.24

Memo Item

**B. Ritz-Carlton**

Full Name (Last, First, Middle Initial)

Mailing Address 4445 Willard Ave  
Ste 800

City Chevy Chase State MD Zip Code 20815

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4407.1

Amount of Each Disbursement this Period: 14.07

Memo Item

**C. Ritz-Carlton**

Full Name (Last, First, Middle Initial)

Mailing Address 4445 Willard Ave  
Ste 800

City Chevy Chase State MD Zip Code 20815

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4407.

Amount of Each Disbursement this Period: 12.99

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ritz-Carlton</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018
Mailing Address 4445 Willard Ave Ste 800		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4407.</b> Amount of Each Disbursement this Period 862.66
City Chevy Chase	State MD	Zip Code 20815
Purpose of Disbursement Travel	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Ritz-Carlton</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2018
Mailing Address 4445 Willard Ave Ste 800		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4407.2</b> Amount of Each Disbursement this Period 142.32
City Chevy Chase	State MD	Zip Code 20815
Purpose of Disbursement Travel	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Election CFO LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2018
Mailing Address PO Box 26141		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4409</b> Amount of Each Disbursement this Period 577.55
City Alexandria	State VA	Zip Code 22313
Purpose of Disbursement Compliance Consulting	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	577.55
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2018
Mailing Address 1600 Amphitheater Pkwy		FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.4406</b> Amount of Each Disbursement this Period 50.00
City Mountain View	State CA	
Purpose of Disbursement Online Services	Zip Code 94043	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2018
Mailing Address 1600 Amphitheater Pkwy		FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.4408</b> Amount of Each Disbursement this Period 50.00
City Mountain View	State CA	
Purpose of Disbursement Online Services	Zip Code 94043	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number <b>C</b> Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6248.94