FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
16 OCT 27 AM 10:00

Office Use Only

12FE4M5

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

Tony Khoury for Senate 2016

ADDRESS (number and street) ▼

PO Box 565087

☐ Check if different than previously reported. (ACC)

Miami — CITY ▲ | FL — STATE ▲ | 33256-5087 — ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00610972

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

STATE ▼ DISTRICT: FL

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on MM 11 / DD 08 / YYYY 2016 in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period MM 10 / DD 01 / YYYY 2016 through MM 10 / DD 19 / YYYY 2016

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: Joseph, Louisa, ,

Signature of Treasurer: *Joseph, Louisa, ,* Louisa Joseph

Date: MM 10 / DD 24 / YYYY 2016

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

Office Use Only							

FEC FORM 3 (Revised 05/2016)

201610270200598502

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Tony Khoury for Senate 2016

Report Covering the Period: From: 10 / 01 / 2016 To: 10 / 19 / 2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	40.00	73821.75
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ..	40.00	73821.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	14723.67	171972.94
(b) Total Offsets to Operating Expenditures (from Line 14)...	250.00	250.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ..	14473.67	171722.94
8. Cash on Hand at Close of Reporting Period (from Line 27)...	42098.81	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D) ..	140000.00	

For further information contact:

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

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

201610270200598505

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

Tony Khoury for Senate 2016

Report Covering the Period: From: MM 10 / DD 01 / YYYY 2016 To: MM 10 / DD 19 / YYYY 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..	0.00	26650.00
(ii) Unitemized.....	40.00	3940.80
(iii) TOTAL of contributions from individuals . ▶	40.00	30590.80
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)..	0.00	0.00
(d) The Candidate.....	0.00	43230.95
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	40.00	73821.75
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate...	0.00	140000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	140000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..	250.00	250.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶	290.00	214071.75

2016102700598504

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	14723.67	171972.94
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ..	0.00	0.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS ..	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	14723.67	171972.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	56532.48
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	290.00
25. SUBTOTAL (add Line 23 and Line 24)..	56822.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	14723.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	42098.81

201610270200598505

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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

NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A.
Full Name (Last, First, Middle Initial): South Orlando Hob Nob
Mailing Address: 7125 South Orange Avenue
City: Orlando | State: FL | Zip Code: 32809
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 19 / 2016
Transaction ID : SA14.5048
Amount of Each Receipt this Period: 250.00
☐ Memo Item
Vendor Refund

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

Date of Receipt: MM / DD / YYYY
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) ▼
Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
Amount of Each Receipt this Period
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶ 250.00

201610270200598506

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A.
Full Name (Last, First, Middle Initial): ADP
Mailing Address: One ADP Blvd.
City: Roseland | State: NJ | Zip Code: 07068
Purpose of Disbursement: Paytoll Tax
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 04 / 2016
FEC Identification Number: C
Amount of Each Disbursement this Period: 331.25
Transaction ID : SB17.5079
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): ADP
Mailing Address: One ADP Blvd.
City: Roseland | State: NJ | Zip Code: 07068
Purpose of Disbursement: Payroll Tax
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 04 / 2016
FEC Identification Number: C
Amount of Each Disbursement this Period: 60.39
Transaction ID : SB17.5080
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): ADP
Mailing Address: One ADP Blvd.
City: Roseland | State: NJ | Zip Code: 07068
Purpose of Disbursement: Payroll Fee
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 14 / 2016
FEC Identification Number: C
Amount of Each Disbursement this Period: 95.99
Transaction ID : SB17.5062
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ... ▶ 487.63

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

201610270205598507

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A.
Full Name (Last, First, Middle Initial): Al Fajr
Mailing Address: PO Box 25582
City: Tamarac | State: FL | Zip Code: 33256
Purpose of Disbursement: Newspaper Ad
Candidate Name:
Category/Type: 004
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 14 / 2016
FEC Identification Number: C
Amount of Each Disbursement this Period: 275.00
Transaction ID : SB17.5053
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Almanber Newspaper
Mailing Address: PO Box 551421
City: Ft. Lauderdale | State: FL | Zip Code: 33355
Purpose of Disbursement: Newspaper Ad
Candidate Name:
Category/Type: 004
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 04 / 2016
FEC Identification Number: C
Amount of Each Disbursement this Period: 300.00
Transaction ID : SB17.5051
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Four Points Sheraton
Mailing Address: 8520 Baymeadows Road
City: Jacksonville | State: FL | Zip Code: 32256
Purpose of Disbursement: Travel - Hotel
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 03 / 2016
FEC Identification Number: C
Amount of Each Disbursement this Period: 89.10
Transaction ID : SB17.5054
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ... ▶ 664.10

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A. Full Name (Last, First, Middle Initial): Hamatie, Douglas,
Mailing Address: PO Box 565087
City: Miami | State: FL | Zip Code: 33256
Purpose of Disbursement: Salaries
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 04 / 2016
FEC Identification Number: C
Amount of Each Disbursement this Period: 2500.00
Transaction ID : SB17.5076
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Hatem, Mary,
Mailing Address: PO Box 565087
City: Miami | State: FL | Zip Code: 33256
Purpose of Disbursement: Salaries
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 04 / 2016
FEC Identification Number: C
Amount of Each Disbursement this Period: 1830.00
Transaction ID : SB17.5078
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Paypal
Mailing Address: 2211 N. First St.
City: San Jose | State: CA | Zip Code: 95131
Purpose of Disbursement: Processing Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 12 / 2016
FEC Identification Number: C
Amount of Each Disbursement this Period: 0.88
Transaction ID : SB17.5074
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ... ▶ 4330.88

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

201610270205985309

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

A.
Full Name (Last, First, Middle Initial): RWC
Mailing Address: PO Box 536794
City: Orlando | State: FL | Zip Code: 32853
Purpose of Disbursement: Campaign Consultant
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 04 / 2016
FEC Identification Number: C
Amount of Each Disbursement this Period: 8000.00
Transaction ID : SB17.5050
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): The West Volusia Newspaper
Mailing Address: 1422 N Woodland Blvd
City: Deland | State: FL | Zip Code: 32720
Purpose of Disbursement: Advertisement
Candidate Name:
Category/Type: 004
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 04 / 2016
FEC Identification Number: C
Amount of Each Disbursement this Period: 720.00
Transaction ID : SB17.5056
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ... ▶ 8720.00

TOTAL This Period (last page this line number only) ... ▶ 14202.61

201610270205985510

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

Transaction ID : SC/10.4222

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

☐ Memo Item

Election: 2016
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
PO Box 565087

City	State	ZIP Code
Miami	FL	33256-5087

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS Date Incurred: M 04 M / D 28 D / Y 2016 Y

Date Due: M M / D D / Y None Y

Interest Rate (if none, enter 0): 0.00 % (apr)

Secured: ☐ Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ... ▶ 10000.00

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

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

201510270200598311

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [x] 13a [ ] 13b

NAME OF COMMITTEE (In Full): Tony Khoury for Senate 2016

Transaction ID : SC/10.4223

LOAN SOURCE Full Name (Last, First, Middle Initial): Khoury, Anton,

[ ] Memo Item

Election: 2016 [x] Primary [ ] General [ ] Other (specify) ▼

Mailing Address: PO Box 565087

City: Miami | State: FL | ZIP Code: 33256-5087

[x] Personal Funds of the Candidate

Original Amount of Loan: 10000.00

Cumulative Payment To Date: 0.00

Balance Outstanding at Close of This Period: 10000.00

TERMS Date Incurred: M 05 / D 11 / Y 2016

Date Due: M M / D D / Y None Y

Interest Rate (If none, enter 0): 0.00 % (apr)

Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ... ▶ 10000.00

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

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

201610270200598512

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

Transaction ID : SC/10.4224

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

☐ Memo Item

Election: 2016
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
PO Box 565087

City	State	ZIP Code
Miami	FL	33256-5087

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS Date Incurred M 06 M / D 01 D / Y 2016 Y Date Due M M / D D / Y None Y Interest Rate (If none, enter 0) 0.00 % (apr) Secured: ☐ Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 10000.00

TOTALS This Period (last page in this line only) ▶

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

2016102702005985513

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

Transaction ID : SC/10.4225

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

☐ Memo Item

Election: 2016
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
PO Box 565087

City	State	ZIP Code
Miami	FL	33256-5087

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS Date Incurred M 06 M / D 06 D / Y 2016 Y

Date Due M M / D D / Y None Y

Interest Rate (If none, enter 0): 0.00 % (apr)

Secured: ☐ Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ... ▶ 10000.00

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

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

201510270200598514

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [x] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

Transaction ID : SC/10.4226

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

[ ] Memo Item

Election: 2016
[x] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
PO Box 565087

City	State	ZIP Code
Miami	FL	33256-5087

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS Date Incurred: M 06 / D 22 / Y 2016 Date Due: M M / D D / Y None Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ... ▶ 50000.00

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

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

201610270200598515

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Tony Khoury for Senate 2016

Transaction ID : SC/10.4227

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

☐ Memo Item

Election: 2016
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
PO Box 565087

City	State	ZIP Code
Miami	FL	33256-5087

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 06 M / D 22 D / Y 2016 Y	M M / D D / Y None Y	0.00 % (apr)	☐ Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional)... ▶	50000.00
TOTALS This Period (last page in this line only).. ▶	140000.00

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

201510270205059315

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PRESS FIRMLY TO SEAL

1007

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PAYMENT BY ACCOUNT (If applicable)

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☐ SIGNATURE REQUIRED *Note:* The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options
- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available*)
- ☐ 10:30 AM Delivery Required (additional fee, where available*)

*Refer to USPS.com® or local Post Office™ for availability.

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Date Accepted (MM/DD/YY)	Scheduled Delivery Time ☐ 10:30 AM ☐ 3:00 PM ☐ 12 NOON	Insurance Fee $	COD Fee $
Time Accepted ☐ AM ☐ PM	10:30 AM Delivery Fee $	Return Receipt Fee $	Live Animal Transportation Fee $
Weight ☐ Flat Rate lbs oz	Sunday/Holiday Premium Fee $	Total Postage & Fees $	
	Acceptance Employee Initials		

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time ☐ AM ☐ PM	Employee Signature
Delivery Attempt (MM/DD/YY) 10-25-16	Time 12:[illegible] ☐ AM ☐ PM	Employee Signature

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SECRETARY

DANA K. MACCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232

WASHINGTON, DC 20510-7116

PHONE(202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____ _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 10-24-16
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☒

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS		☐
UPS		☐
DHL		☐
AIRBORNE EXPRESS		☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER HB DATE PREPARED 10-27-16

4/04/16

2016102700598518

SEN PATCH

SEN PATCH