

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
Committee on Arrangements for the 2016 Republican National Convention

ADDRESS (number and street) 310 First Street SE
Check if different than previously reported. (ACC) Washington DC 20003

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00578419

3. IS THIS REPORT NEW OR AMENDED (N) (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)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on MM/DD/YYYY in the State of

- (d) 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/DD/YYYY through MM/DD/YYYY
12/01/2015 through 12/31/2015

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

Type or Print Name of Treasurer Anthony Parker

Signature of Treasurer Anthony Parker [Electronically Filed] Date 01/28/2016

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

Table with 10 columns and 1 row for Office Use Only.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Committee on Arrangements for the 2016 Republican National Convention**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date       |
|--|--|---|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2015"/>  | <input type="text" value="0.00"/>      | <input type="text" value="0.00"/>       |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="457153.13"/> |   |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="362449.45"/> | <input type="text" value="1937044.03"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="819602.58"/> | <input type="text" value="1937044.03"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="418437.82"/> | <input type="text" value="1535879.27"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="401164.76"/> | <input type="text" value="401164.76"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="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

Committee on Arrangements for the 2016 Republican National Convention

Report Covering the Period: From: M M / D D / Y Y Y Y Y 12 / 01 / 2015 To: M M / D D / Y Y Y Y Y 12 / 31 / 2015

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>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.....   | 362361.00                     | 1936517.00                        |
| 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                          | 411.33                            |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 88.45                         | 115.70                            |
| 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))..... ▶                        | 362449.45                     | 1937044.03                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 362449.45                     | 1937044.03                        |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 418437.82                     | 1535879.27                        |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 418437.82                     | 1535879.27                        |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 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 .....  | 0.00                          | 0.00                              |
| 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)) ..      | 418437.82                     | 1535879.27                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 418437.82                     | 1535879.27                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 0.00                          | 0.00                              |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 0.00                          | 0.00                              |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ▶ | 418437.82                     | 1535879.27                        |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 411.33                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶               | 418437.82                     | 1535467.94                        |

**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 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
**Committee on Arrangements for the 2016 Republican National Convention**

**A. REPUBLICAN NATIONAL COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 FIRST STREET SE  
 City WASHINGTON State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C** C00003418  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1936517.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : SA12.4822**  
 Amount of Each Receipt this Period  
 362361.00  
 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

**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

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 362361.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 362361.00 |

**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 7 OF 50                           |
| <input 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 checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Committee on Arrangements for the 2016 Republican National Convention**

**A. AT&T**  
Full Name (Last, First, Middle Initial)  
Mailing Address 208 S. Akard St.  
City Dallas State TX Zip Code 75202  
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  
12 / 31 / 2015  
**Transaction ID : SA17.4826**  
Amount of Each Receipt this Period  
0.00  
Goods and services provided in exchange for promotional consideration pursuant to 11 CFR 9008.9(b)  
**[MEMO ITEM]**

**B. Key Bank**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Superior Av E  
City Cleveland State OH Zip Code 44114  
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  
12 / 31 / 2015  
**Transaction ID : SA17.4824**  
Amount of Each Receipt this Period  
88.45  
interest paid

**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

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 88.45 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 88.45 |

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

Form/Schedule: SA17

Transaction ID : SA17.4826

Goods and services provided in exchange for promotional consideration pursuant to 11 CFR 9008.9(b)

Form/Schedule:

Transaction ID:



**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Alongi Media Solutions**

Mailing Address 119 Cobblestone Blvd

City Monroe Township State NJ Zip Code 08831

Purpose of Disbursement  
contract services - production

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : SB21B.4876**

Amount of Each Disbursement this Period

235942.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Bonnie Speed & Delivery**

Mailing Address 2501 St. Clair Ave

City Cleveland State OH Zip Code 44114

Purpose of Disbursement  
courier fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : SB21B.4828**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Gineen Bresso**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement  
salary/payroll

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4839**

Amount of Each Disbursement this Period

3291.24

Category/  
Type

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

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

239733.24

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Gineen Bresso**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement reimbursement/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4941**

Amount of Each Disbursement this Period

282.30

Category/Type

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4941.0**

Amount of Each Disbursement this Period

38.42

Category/Type

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4941.1**

Amount of Each Disbursement this Period

5.08

Category/Type

**[MEMO ITEM]**

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

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

282.30

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4941.2**

Amount of Each Disbursement this Period

5.89

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jetblue Airlines**

Mailing Address 2701 Queens Plz N

City Long Island City State NY Zip Code 11101

Purpose of Disbursement baggage fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4941.5**

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4941.6**

Amount of Each Disbursement this Period

4.73

[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"/> 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

Transaction ID : SB21B.4941.7

Amount of Each Disbursement this Period

6.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Gineen Bresso**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

Transaction ID : SB21B.4855

Amount of Each Disbursement this Period

3291.24

Full Name (Last, First, Middle Initial)

**C. CAM Strategies**

Mailing Address 30506 Lake Rd

City Bay Village State OH Zip Code 44140

Purpose of Disbursement contract services - political

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2015

Transaction ID : SB21B.4869

Amount of Each Disbursement this Period

10000.00

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

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

13291.24

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Caroline Davidson**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4840**

Amount of Each Disbursement this Period

2149.46

Category/Type

Full Name (Last, First, Middle Initial)

**B. Caroline Davidson**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

**Transaction ID : SB21B.4856**

Amount of Each Disbursement this Period

2149.46

Category/Type

Full Name (Last, First, Middle Initial)

**C. Egencia LLC**

Mailing Address PO Box 847677

City Dallas State TX Zip Code 75284

Purpose of Disbursement travel portal subscription

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : SB21B.4832**

Amount of Each Disbursement this Period

750.00

Category/Type

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

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

5048.92

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Escarpment Group LLC**

Mailing Address 451 W Wilson Street #109

City Madison State WI Zip Code 53703

Purpose of Disbursement contract services - special projects

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.4877**

Amount of Each Disbursement this Period

11000.00

Full Name (Last, First, Middle Initial)

**B. Elizabeth Gehring**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement reimbursement/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : SB21B.4884**

Amount of Each Disbursement this Period

1266.40

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address 233 S Wacker

City Chicago State IL Zip Code 60606

Purpose of Disbursement airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : SB21B.4884.0**

Amount of Each Disbursement this Period

414.20

**[MEMO ITEM]**

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

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

12266.40

**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)

|   |                              |                              |                              |                             |                              |
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| <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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address 233 S Wacker

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
airfare

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 |
| 12    |   | 01    |   | 2015      |

**Transaction ID : SB21B.4884.1**

Amount of Each Disbursement this Period

|        |
|--------|
| 852.20 |
|--------|

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Elizabeth Gehring**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement  
salary/payroll

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 |
| 12    |   | 15    |   | 2015      |

**Transaction ID : SB21B.4841**

Amount of Each Disbursement this Period

|         |
|---------|
| 4143.09 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Elizabeth Gehring**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement  
salary/payroll

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 |
| 12    |   | 15    |   | 2015      |

**Transaction ID : SB21B.4857**

Amount of Each Disbursement this Period

|         |
|---------|
| 4143.09 |
|---------|

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

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

|         |
|---------|
| 8286.18 |
|---------|

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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 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Bryce Larry Harlow**

Mailing Address 1812 Solitaire Lane

City McLean State VA Zip Code 22101

Purpose of Disbursement reimbursement/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : SB21B.4879**

Amount of Each Disbursement this Period

787.02

Category/Type

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address 233 S Wacker

City Chicago State IL Zip Code 60606

Purpose of Disbursement airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : SB21B.4879.0**

Amount of Each Disbursement this Period

414.20

Category/Type

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Ace Taxi**

Mailing Address 1798 E 55th St

City Cleveland State OH Zip Code 44103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : SB21B.4879.1**

Amount of Each Disbursement this Period

40.82

Category/Type

**[MEMO ITEM]**

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

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

787.02



**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Ace Taxi**

Mailing Address 1798 E 55th St

City Cleveland State OH Zip Code 44103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : SB21B.4879.2**

Amount of Each Disbursement this Period

33.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Harlow Government Relations**

Mailing Address 1812 Solitaire Lane

City McLean State VA Zip Code 22101

Purpose of Disbursement contract services - official proceedings

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : SB21B.4833**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. Douglas Hochberg**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4842**

Amount of Each Disbursement this Period

2099.20

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

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

12099.20

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Douglas Hochberg**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement reimbursement/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4938**

Amount of Each Disbursement this Period

168.98

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 72535

Purpose of Disbursement baggage fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4938.0**

Amount of Each Disbursement this Period

75.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 72535

Purpose of Disbursement airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4938.1**

Amount of Each Disbursement this Period

93.98

**[MEMO ITEM]**

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

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

168.98

**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)

|   |                              |                              |                              |                             |                              |
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| <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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Douglas Hochberg**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

**Transaction ID : SB21B.4858**

Amount of Each Disbursement this Period

2099.19

Category/Type

Full Name (Last, First, Middle Initial)

**B. Michael Holley**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4844**

Amount of Each Disbursement this Period

1647.66

Category/Type

Full Name (Last, First, Middle Initial)

**C. Michael Holley**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement mileage reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4871**

Amount of Each Disbursement this Period

208.73

Category/Type

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

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

3955.58

**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)

|   |                              |                              |                              |                             |                              |
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| <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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Michael Holley**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

**Transaction ID : SB21B.4859**

Amount of Each Disbursement this Period

1535.93

Category/Type

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address 1160 W 12th St

City Ogden State UT Zip Code 84201-0038

Purpose of Disbursement federal taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2015

**Transaction ID : SB21B.4838**

Amount of Each Disbursement this Period

34601.52

Category/Type

Full Name (Last, First, Middle Initial)

**C. Intuit Payroll Services**

Mailing Address 2700 Coast Av

City Mountain View State CA Zip Code 94043

Purpose of Disbursement payroll service fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4868**

Amount of Each Disbursement this Period

128.52

Category/Type

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

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

36265.97

**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)

|   |                              |                              |                              |                             |                              |
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| <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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Sarah Keeny**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4846**

Amount of Each Disbursement this Period

2099.29

Category/Type

Full Name (Last, First, Middle Initial)

**B. Sarah Keeny**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement reimbursement/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2015

**Transaction ID : SB21B.4980**

Amount of Each Disbursement this Period

54.76

Category/Type

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2015

**Transaction ID : SB21B.4980.0**

Amount of Each Disbursement this Period

5.76

Category/Type

**[MEMO ITEM]**

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

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

2154.05

**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)

|   |                              |                              |                              |                             |                              |
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| <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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 1303 N Main St

City Santa Anna State CA Zip Code 92701

Purpose of Disbursement postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2015

Transaction ID : SB21B.4980.1

Amount of Each Disbursement this Period

49.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Sarah Keeny**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

Transaction ID : SB21B.4860

Amount of Each Disbursement this Period

2099.30

Full Name (Last, First, Middle Initial)

**C. Marcia Kelly**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

Transaction ID : SB21B.4847

Amount of Each Disbursement this Period

4427.66

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

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

6526.96

**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 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Marcia Kelly**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement reimbursement/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4968**

Amount of Each Disbursement this Period

608.01

Full Name (Last, First, Middle Initial)

**B. Target**

Mailing Address 14070 Cedar Rd

City Cleveland State OH Zip Code 44118

Purpose of Disbursement supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4968.0**

Amount of Each Disbursement this Period

467.94

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Target**

Mailing Address 14070 Cedar Rd

City Cleveland State OH Zip Code 44118

Purpose of Disbursement supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4968.1**

Amount of Each Disbursement this Period

14.78

**[MEMO ITEM]**

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

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

608.01

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Ace Taxi**

Mailing Address 1798 E 55th St

City Cleveland State OH Zip Code 44103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4968.3**

Amount of Each Disbursement this Period

5.27

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jimmy Johns**

Mailing Address 1938 Euclid

City Cleveland State OH Zip Code 44114

Purpose of Disbursement meeting expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4968.4**

Amount of Each Disbursement this Period

25.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Jimmy Johns**

Mailing Address 1938 Euclid

City Cleveland State OH Zip Code 44114

Purpose of Disbursement meeting expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4968.5**

Amount of Each Disbursement this Period

39.50

[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"/> 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4968.6**

Amount of Each Disbursement this Period

8.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4968.7**

Amount of Each Disbursement this Period

5.06

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4968.8**

Amount of Each Disbursement this Period

5.29

[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"/> 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4968.9**

Amount of Each Disbursement this Period

5.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Marcia Kelly**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

**Transaction ID : SB21B.4861**

Amount of Each Disbursement this Period

4427.66

Full Name (Last, First, Middle Initial)

**C. Key Bank Mastercard**

Mailing Address P.O. Box 89446

City Cleveland State OH Zip Code 44101

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

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : SB21B.4887**

Amount of Each Disbursement this Period

3012.85

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

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

7440.51

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Chick Fil A**

Mailing Address 4238 Wilson Blvd

City Arlington State VA Zip Code 22203

Purpose of Disbursement meeting expense

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 |
| 12    |   | 01    |   | 2015        |

**Transaction ID : SB21B.4887.4**

Amount of Each Disbursement this Period

|        |
|--------|
| 150.75 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Intuit Software**

Mailing Address 2700 Coast Av

City Mountain View State CA Zip Code 94043

Purpose of Disbursement payroll software

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 |
| 12    |   | 01    |   | 2015        |

**Transaction ID : SB21B.4887.7**

Amount of Each Disbursement this Period

|        |
|--------|
| 377.95 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Residence Inn Cleveland Downtown**

Mailing Address 527 Prospect Ave East

City Cleveland State OH Zip Code 44115

Purpose of Disbursement meeting expense

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 |
| 12    |   | 01    |   | 2015        |

**Transaction ID : SB21B.4887.8**

Amount of Each Disbursement this Period

|        |
|--------|
| 400.62 |
|--------|

[MEMO ITEM]

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

|      |
|------|
| 0.00 |
|------|

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

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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 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Intuit Software**

Mailing Address 2700 Coast Av

City Mountain View State CA Zip Code 94043

Purpose of Disbursement payroll software

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 |
| 12 |   |   | 01 |   |   | 2015 |   |   |   |

Transaction ID : SB21B.4887.9

Amount of Each Disbursement this Period

|      |
|------|
| 6.43 |
|------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jimmy Johns**

Mailing Address 1938 Euclid

City Cleveland State OH Zip Code 44114

Purpose of Disbursement meeting expense

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 |
| 12 |   |   | 01 |   |   | 2015 |   |   |   |

Transaction ID : SB21B.4887.10

Amount of Each Disbursement this Period

|       |
|-------|
| 53.00 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. The 9 Cleveland**

Mailing Address 2017 E 9th St

City Cleveland State OH Zip Code 44115

Purpose of Disbursement meeting expense

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 |
| 12 |   |   | 01 |   |   | 2015 |   |   |   |

Transaction ID : SB21B.4887.13

Amount of Each Disbursement this Period

|         |
|---------|
| 1111.97 |
|---------|

[MEMO ITEM]

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

|      |
|------|
| 0.00 |
|------|

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

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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 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Trolley Tours of Cleveland**

Mailing Address 1790 Columbus Road

City Cleveland State OH Zip Code 44113

Purpose of Disbursement meeting expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : SB21B.4887.14**

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Key Bank Mastercard**

Mailing Address P.O. Box 89446

City Cleveland State OH Zip Code 44101

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

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.5013**

Amount of Each Disbursement this Period

3086.33

Full Name (Last, First, Middle Initial)

**C. The 9 Cleveland**

Mailing Address 2017 E 9th St

City Cleveland State OH Zip Code 44115

Purpose of Disbursement meeting expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.5013.4**

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

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

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

3086.33

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Ameriflag, Inc**

Mailing Address 3307 Broadview Road

City Cleveland State OH Zip Code 44109

Purpose of Disbursement supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.5013.6**

Amount of Each Disbursement this Period

344.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 7979 Florida Blvd

City Baton Rouge State LA Zip Code 70806

Purpose of Disbursement supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.5013.7**

Amount of Each Disbursement this Period

86.37

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Office Depot**

Mailing Address 7979 Florida Blvd

City Baton Rouge State LA Zip Code 70806

Purpose of Disbursement supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.5013.8**

Amount of Each Disbursement this Period

24.83

[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"/> 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 7979 Florida Blvd

City State Zip Code  
Baton Rouge LA 70806

Purpose of Disbursement  
supplies

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 |
| 12 |   |   | 21 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.5013.10**

Amount of Each Disbursement this Period

|       |
|-------|
| 58.31 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. The 9 Cleveland**

Mailing Address 2017 E 9th St

City State Zip Code  
Cleveland OH 44115

Purpose of Disbursement  
meeting expense

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 |
| 12 |   |   | 21 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.5013.13**

Amount of Each Disbursement this Period

|         |
|---------|
| 1949.27 |
|---------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Key Bank Mastercard**

Mailing Address P.O. Box 89446

City State Zip Code  
Cleveland OH 44101

Purpose of Disbursement  
credit card fee

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 |
| 12 |   |   | 21 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.5013.14**

Amount of Each Disbursement this Period

|       |
|-------|
| 39.50 |
|-------|

[MEMO ITEM]

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

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

|      |
|------|
| 0.00 |
|------|

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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 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Law Offices of Heather Sidwell Morris**

Mailing Address P.O. Box 173207

City Tampa State FL Zip Code 33672

Purpose of Disbursement  
contract services - legal

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 |
| 12 |   |   | 01 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.4835**

Amount of Each Disbursement this Period

|         |
|---------|
| 7546.84 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Law Offices of Heather Sidwell Morris**

Mailing Address P.O. Box 173207

City Tampa State FL Zip Code 33672

Purpose of Disbursement  
contract services - legal

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 |
| 12 |   |   | 01 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.4835.0**

Amount of Each Disbursement this Period

|         |
|---------|
| 7500.00 |
|---------|

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Law Offices of Heather Sidwell Morris**

Mailing Address P.O. Box 173207

City Tampa State FL Zip Code 33672

Purpose of Disbursement  
contract services - legal

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 |
| 12 |   |   | 15 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.4958**

Amount of Each Disbursement this Period

|         |
|---------|
| 8045.54 |
|---------|

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

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

|          |
|----------|
| 15592.38 |
|----------|

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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 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City Forth Worth State TX Zip Code 76155

Purpose of Disbursement  
airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4958.0**

Amount of Each Disbursement this Period

402.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4958.1**

Amount of Each Disbursement this Period

32.85

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Law Offices of Heather Sidwell Morris**

Mailing Address P.O. Box 173207

City Tampa State FL Zip Code 33672

Purpose of Disbursement  
contract services - legal

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4958.8**

Amount of Each Disbursement this Period

7500.00

[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"/> 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Alexis Nord**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement  
shipping reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 01 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.4910**

Amount of Each Disbursement this Period

|        |
|--------|
| 156.56 |
|--------|

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address 1801 E 9th St

City Cleveland State OH Zip Code 44114

Purpose of Disbursement  
shipping

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 01 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.4910.0**

Amount of Each Disbursement this Period

|        |
|--------|
| 156.56 |
|--------|

Category/  
Type

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Alexis Nord**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement  
salary/payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.4848**

Amount of Each Disbursement this Period

|         |
|---------|
| 1561.97 |
|---------|

Category/  
Type

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

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

|         |
|---------|
| 1718.53 |
|---------|

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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 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Alexis Nord**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

**Transaction ID : SB21B.4862**

Amount of Each Disbursement this Period

1561.97

Category/Type

Full Name (Last, First, Middle Initial)

**B. Ohio Local Tax Agency**

Mailing Address 4485 Northland Ridge Blvd

City Columbus State OH Zip Code 43224

Purpose of Disbursement state taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

**Transaction ID : SB21B.4837**

Amount of Each Disbursement this Period

1866.66

Category/Type

Full Name (Last, First, Middle Initial)

**C. Samantha Osborne**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement reimbursement/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

**Transaction ID : SB21B.4912**

Amount of Each Disbursement this Period

864.98

Category/Type

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

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

4293.61

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address 233 S Wacker

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
airfare

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 |
| 12    |   | 01    |   | 2015      |

**Transaction ID : SB21B.4912.0**

Amount of Each Disbursement this Period

|        |
|--------|
| 680.20 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
taxi

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 |
| 12    |   | 01    |   | 2015      |

**Transaction ID : SB21B.4912.2**

Amount of Each Disbursement this Period

|       |
|-------|
| 12.41 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
taxi

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 |
| 12    |   | 01    |   | 2015      |

**Transaction ID : SB21B.4912.3**

Amount of Each Disbursement this Period

|       |
|-------|
| 19.09 |
|-------|

[MEMO ITEM]

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

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

|      |
|------|
| 0.00 |
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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 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Samantha Osborne**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement  
salary/payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4849**

Amount of Each Disbursement this Period

2612.69

Full Name (Last, First, Middle Initial)

**B. Samantha Osborne**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement  
salary/payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

**Transaction ID : SB21B.4863**

Amount of Each Disbursement this Period

2612.70

Full Name (Last, First, Middle Initial)

**C. Katherine Packer**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement  
salary/payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4850**

Amount of Each Disbursement this Period

998.56

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

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

6223.95

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Katherine Packer**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement reimbursement/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 15    | / | 2015        |

**Transaction ID : SB21B.4954**

Amount of Each Disbursement this Period

|       |
|-------|
| 10.33 |
|-------|

Category/Type

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 15    | / | 2015        |

**Transaction ID : SB21B.4954.0**

Amount of Each Disbursement this Period

|      |
|------|
| 5.18 |
|------|

Category/Type

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 15    | / | 2015        |

**Transaction ID : SB21B.4954.1**

Amount of Each Disbursement this Period

|      |
|------|
| 5.15 |
|------|

Category/Type

**[MEMO ITEM]**

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

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

|       |
|-------|
| 10.33 |
|-------|

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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 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Katherine Packer**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

**Transaction ID : SB21B.4864**

Amount of Each Disbursement this Period

998.57

Category/Type

Full Name (Last, First, Middle Initial)

**B. Jeremiah Shirk**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4851**

Amount of Each Disbursement this Period

4189.75

Category/Type

Full Name (Last, First, Middle Initial)

**C. Jeremiah Shirk**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement reimbursement/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4950**

Amount of Each Disbursement this Period

8.70

Category/Type

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

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

5197.02

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

Transaction ID : SB21B.4950.1

Amount of Each Disbursement this Period

4.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jeremiah Shirk**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

Transaction ID : SB21B.4865

Amount of Each Disbursement this Period

4189.75

Full Name (Last, First, Middle Initial)

**C. Julie Shugar**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

Transaction ID : SB21B.4852

Amount of Each Disbursement this Period

4415.99

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

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

8605.74



**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Julie Shugar**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

**Transaction ID : SB21B.4866**

Amount of Each Disbursement this Period

4415.99

Category/Type

Full Name (Last, First, Middle Initial)

**B. Elizabeth Stangl**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement reimbursement/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2015

**Transaction ID : SB21B.4933**

Amount of Each Disbursement this Period

271.81

Category/Type

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 72535

Purpose of Disbursement airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2015

**Transaction ID : SB21B.4933.0**

Amount of Each Disbursement this Period

230.98

Category/Type

**[MEMO ITEM]**

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

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

4687.80

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Ace Taxi**

Mailing Address 1798 E 55th St

City Cleveland State OH Zip Code 44103

Purpose of Disbursement taxi

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 |
| 12 |   |   | 08 |   |   | 2015 |   |   |   |

Transaction ID : SB21B.4933.1

Amount of Each Disbursement this Period

|       |
|-------|
| 40.83 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Melinda Stell**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement health insurance

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 |
| 12 |   |   | 08 |   |   | 2015 |   |   |   |

Transaction ID : SB21B.4870

Amount of Each Disbursement this Period

|        |
|--------|
| 556.92 |
|--------|

Full Name (Last, First, Middle Initial)

**C. Stompy LLC**

Mailing Address 401 N. Senate Av  
#301

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement contract services - security

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 |
| 12 |   |   | 01 |   |   | 2015 |   |   |   |

Transaction ID : SB21B.4836

Amount of Each Disbursement this Period

|         |
|---------|
| 3000.00 |
|---------|

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

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

|         |
|---------|
| 3556.92 |
|---------|

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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 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Jan Sumrall**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4853**

Amount of Each Disbursement this Period

4143.09

Category/Type

Full Name (Last, First, Middle Initial)

**B. Jan Sumrall**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement petty cash reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : SB21B.4983**

Amount of Each Disbursement this Period

162.87

Category/Type

Full Name (Last, First, Middle Initial)

**C. Jan Sumrall**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement reimbursement/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.4995**

Amount of Each Disbursement this Period

506.70

Category/Type

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

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

4812.66

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Wyndham Playhouse Square**

Mailing Address 1260 Euclid Av

City Cleveland State OH Zip Code 44115

Purpose of Disbursement meeting expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.4995.0**

Amount of Each Disbursement this Period

336.74

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.4995.3**

Amount of Each Disbursement this Period

7.52

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.4995.4**

Amount of Each Disbursement this Period

19.82

[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"/> 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

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 |
| 1  | 2 | 3 |   | 4  | 5 | 6 |   | 7    | 8 | 9 | 0 | 1 | 2 |
| 12 |   |   |   | 21 |   |   |   | 2015 |   |   |   |   |   |

**Transaction ID : SB21B.4995.5**

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 2 | . | 5 | 6 |
|---|---|---|---|---|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

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 |
| 1  | 2 | 3 |   | 4  | 5 | 6 |   | 7    | 8 | 9 | 0 | 1 | 2 |
| 12 |   |   |   | 21 |   |   |   | 2015 |   |   |   |   |   |

**Transaction ID : SB21B.4995.6**

Amount of Each Disbursement this Period

|   |   |   |   |
|---|---|---|---|
| 5 | . | 2 | 8 |
|---|---|---|---|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

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 |
| 1  | 2 | 3 |   | 4  | 5 | 6 |   | 7    | 8 | 9 | 0 | 1 | 2 |
| 12 |   |   |   | 21 |   |   |   | 2015 |   |   |   |   |   |

**Transaction ID : SB21B.4995.7**

Amount of Each Disbursement this Period

|   |   |   |   |
|---|---|---|---|
| 5 | . | 0 | 2 |
|---|---|---|---|

[MEMO ITEM]

**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 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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.4995.8**

Amount of Each Disbursement this Period

40.04

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jan Sumrall**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement salary/payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

**Transaction ID : SB21B.4867**

Amount of Each Disbursement this Period

4143.09

Full Name (Last, First, Middle Initial)

**C. Thom Sivo Photography**

Mailing Address 16027 Primrose Circle

City Middleburg Heights State OH Zip Code 44130

Purpose of Disbursement photography fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4872**

Amount of Each Disbursement this Period

473.00

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

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

4616.09

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Don Thoren**

Mailing Address 3444 Skyview Terrace

City Falls Church State VA Zip Code 22042

Purpose of Disbursement reimbursement/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2015

**Transaction ID : SB21B.4928**

Amount of Each Disbursement this Period

1006.70

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address 233 S Wacker

City Chicago State IL Zip Code 60606

Purpose of Disbursement airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2015

**Transaction ID : SB21B.4928.0**

Amount of Each Disbursement this Period

946.20

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Reagan National Airport Parking**

Mailing Address 1 Aviation Circle

City Washionton State DC Zip Code 20001

Purpose of Disbursement parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2015

**Transaction ID : SB21B.4928.1**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**

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

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

1006.70

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Ace Taxi**

Mailing Address 1798 E 55th St

City Cleveland State OH Zip Code 44103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2015

**Transaction ID : SB21B.4928.2**

Amount of Each Disbursement this Period

35.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Union Club**

Mailing Address 1211 Euclid Av

City Cleveland State OH Zip Code 44115

Purpose of Disbursement meeting expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4874**

Amount of Each Disbursement this Period

180.19

Full Name (Last, First, Middle Initial)

**C. VA Department of Taxation**

Mailing Address 1957 Westmoreland Street

City Richmond State VA Zip Code 23230

Purpose of Disbursement state taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB21B.4854**

Amount of Each Disbursement this Period

390.96

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

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

571.15



**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Jon Waclawski**

Mailing Address 1228 Euclid Ave  
4th Floor

City Cleveland State OH Zip Code 44115

Purpose of Disbursement reimbursement/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.5005**

Amount of Each Disbursement this Period

543.56

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.5005.3**

Amount of Each Disbursement this Period

19.82

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.5005.4**

Amount of Each Disbursement this Period

463.20

**[MEMO ITEM]**

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

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

543.56

**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)

**Committee on Arrangements for the 2016 Republican National Convention**

Full Name (Last, First, Middle Initial)

**A. Wiley Rein**

Mailing Address 1776 K St NW

City Washington State DC Zip Code 20006

Purpose of Disbursement contract services - legal

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 12 |   |   | 15 |   |   | 2015 |   |   |   |   |   |

**Transaction ID : SB21B.4875**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.49 |
|---------|

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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

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

|         |
|---------|
| 5000.49 |
|---------|

|           |
|-----------|
| 418437.82 |
|-----------|