

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

1 2 F E 4 M 5

Byrne for Congress

ADDRESS (number and street)

PO BOX 2743

Check if different  
than previously  
reported. (ACC)

Mobile

AL

36652

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00545673

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

AL

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Newman, J Ashley, , Ms.,

Type or Print Name of Treasurer

Signature of Treasurer

Newman, J Ashley, , Ms.,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 11

Write or Type Committee Name  
Byrne for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	6

To:

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	1000.00	5000.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	1000.00	5000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	22726.35	63422.33
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	22726.35	63422.33
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	446318.33	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

## 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

PAGE 3 / 11

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Byrne for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	6

To:

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

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

0.00

1000.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

0.00

1000.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

1000.00

4000.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

1000.00

5000.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

85.29

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

1000.00

5085.29

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 11

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22726.35	63422.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	22726.35	63422.33

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	468044.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1000.00
25. SUBTOTAL (add Line 23 and Line 24).....	469044.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22726.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	446318.33

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 11

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
Byrne for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Confectioners Association PAC

Mailing Address 1101 30th Street, N.W.  
Suite 200

City Washington State DC Zip Code 20007-3769

FEC ID number of contributing federal political committee. C C00003855

Name of Employer Occupation

Receipt For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 16 2016

Transaction ID : AEA4318B6C2BA42FE952

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

1000.00

1000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 11

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

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NAME OF COMMITTEE (In Full)

Byrne for Congress

Full Name (Last, First, Middle Initial)

**A. The Gula Graham Group**Mailing Address 499 South Capitol Street, S.W.  
Suite 420City  
WashingtonState  
DCZip Code  
20003-4027Purpose of Disbursement  
Void Duplicate Payment-Original Check Issued 12/31/13

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

-1388.23

Transaction ID : BD5098BEDF1564D61A9A

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Newman and Associates, LLC**

Mailing Address P.O. Box 3723

City  
MontgomeryState  
ALZip Code  
36109-0723Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	1	8

FEC Identification Number

C

Amount of Each Disbursement this Period

4613.61

Transaction ID : B32116F4BA2514B20890

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gwin's Commercial Printing**

Mailing Address 957 Springhill Avenue

City  
MobileState  
ALZip Code  
36604-2721Purpose of Disbursement  
Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

11165.69

Transaction ID : B0DF1F1680BD743CFB16

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

14391.07

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 11

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

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NAME OF COMMITTEE (In Full)

Byrne for Congress

Full Name (Last, First, Middle Initial)

**A. The Gula Graham Group**Mailing Address 499 South Capitol Street, S.W.  
Suite 420City  
WashingtonState  
DCZip Code  
20003-4027Purpose of Disbursement  
Postage/Shipping

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	02	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

33.54

Transaction ID : B167C4026F8504C13907

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Huckaby Davis Lisker**Mailing Address 228 South Washington Street  
Suite 115City  
AlexandriaState  
VAZip Code  
22314-5404Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	08	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1963.80

Transaction ID : B8ED8E0B36C644474A67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International, Inc.**

Mailing Address 205 Pennsylvania Avenue, S.E.

City  
WashingtonState  
DCZip Code  
20003-1164Purpose of Disbursement  
Compliance Software

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	08	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

2100.00

Transaction ID : B48BE9E1AE06445B7A77

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4097.34

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 11

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

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NAME OF COMMITTEE (In Full)

Byrne for Congress

Full Name (Last, First, Middle Initial)

**A. National Prayer Breakfast**

Mailing Address 115 Park Ave Ste 2

City  
Falls ChurchState  
VAZip Code  
22046-4339Purpose of Disbursement  
Event Tickets

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	19	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

175.00

Transaction ID : BB579B16F331245CD969

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 650448

City  
DallasState  
TXZip Code  
75265-0448Purpose of Disbursement  
Credit Card Payment--See memos

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	16	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3887.94

Transaction ID : B95574E3F762341DF8BA

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City  
AtlantaState  
GAZip Code  
30354-1989Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	16	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

946.80

Transaction ID : B85FF793CB01A4645AFB

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4062.94

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



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 11

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

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NAME OF COMMITTEE (In Full)

Byrne for Congress

Full Name (Last, First, Middle Initial)

**A. Capitol Hill Club**

Mailing Address 300 First Street, S.E.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2016

City  
WashingtonState  
DCZip Code  
20003-1801Purpose of Disbursement  
Food/Beverage

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

342.45

Transaction ID : BA3B33F1C5EFE4CE3B55

☒ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Bobby Van's**

Mailing Address 1201 New York Avenue, N.W.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2016

City  
WashingtonState  
DCZip Code  
20005-3917Purpose of Disbursement  
Food/Beverage

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

207.24

Transaction ID : BD0879C9DEAFA416D81D

☒ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**c. Capital Grille**

Mailing Address 601 Pennsylvania Ave NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2016

City  
WashingtonState  
DCZip Code  
20004-2601Purpose of Disbursement  
Food/Beverage

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

276.00

Transaction ID : B4A694EAB4B924A19AA5

☒ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

0.00

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 11

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

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NAME OF COMMITTEE (In Full)

Byrne for Congress

Full Name (Last, First, Middle Initial)

**A. Filomena Ristorante**

Mailing Address 1063 Wisconsin Avenue, N.W.

City  
WashingtonState  
DCZip Code  
20007-3605Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

251.18

Transaction ID : B844464AA3CE745C0B20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Felix's Fish Camp Grill**

Mailing Address 1530 Battleship Parkway

City  
Spanish FortState  
ALZip Code  
36527-9330Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

614.90

Transaction ID : BE1B79EECCA614317AFB

☒ Memo Item

Full Name (Last, First, Middle Initial)

**c. Uber**

Mailing Address 182 Howard Street

City  
San FranciscoState  
CAZip Code  
94105-1611Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

99.92

Transaction ID : B21F71AAC2BCD42ADA4F

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 11

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

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NAME OF COMMITTEE (In Full)

Byrne for Congress

Full Name (Last, First, Middle Initial)

**A. Beckham's Florist**

Mailing Address 7850 Airport Boulevard

Date of Disbursement

M M	D D	Y Y Y Y
12	16	2016

City	State	Zip Code
Mobile	AL	36608-9612

FEC Identification Number

C

Purpose of Disbursement  
Flowers

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

398.12

Transaction ID : B9F8D4CE126894699A9A

☒ Memo Item

Office Sought:	House	Disbursement For: 2018
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address 208 South Akard Street

Date of Disbursement

M M	D D	Y Y Y Y
12	16	2016

City	State	Zip Code
Dallas	TX	75202-4295

FEC Identification Number

C

Purpose of Disbursement  
Cell Phone Service

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

110.94

Transaction ID : B83B6913766944FDE9B2

☒ Memo Item

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	D D	Y Y Y Y

City	State	Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼

State: District:

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

0.00

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

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