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2017 JUL 18 AM 8:19

National Court Reporters Association
12030 Sunrise Valley Drive, Suite 400
Reston, VA 20191-3484
Tel: 703-556-6272 • Fax: 703-391-0629
800-272-NCRA (6272) • NCRA.org

July 11, 2017

Federal Election Commission
999 E Street NW
Washington, DC 20463

To whom it may concern:

Enclosed you will find the amended 3X report for the July 31 Mid Year period of 2017. If you should have any questions or concerns, please contact me at mbarusch@ncra.org or at 703-584-9017. Thank you.

Sincerely,

Matthew R. Barusch
Manager, State Government Relations

2017-07-18 08:18 AM

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2017 JUL 18 AM 8:19 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. National Court Reporters Association

ADDRESS (number and street) 12030 Sunrise Valley Drive Suite 400 Reston VA 20191

2. FEC IDENTIFICATION NUMBER C00146506 CITY STATE ZIP CODE

3. IS THIS REPORT NEW OR AMENDED TYPE OF REPORT (a) Quarterly Reports (b) Monthly Report Due On (c) 12-Day PRE-Election Report for the (d) 30-Day POST-Election Report for the

5. Covering Period 01 01 2017 through 06 30 2017

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

Signature of Treasurer Wenhold, Dave, Mr., Date

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

National Court Reporters Association

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2017

To:

MM / DD / YYYY
06 / 30 / 2017

20170630 10:08:10

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017		53289.02
(b) Cash on Hand at Beginning of Reporting Period.....	53289.02	
(c) Total Receipts (from Line 19).....	1218.00	1218.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	54507.02	54507.02
7. Total Disbursements (from Line 31).....	1335.32	1335.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	53171.70	53171.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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. 05/2016)

Page 3

Write or Type Committee Name

National Court Reporters Association

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2017

To:

MM / DD / YYYY
06 / 30 / 2017

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	1218.00	1218.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1218.00	1218.00
(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).....▶	1218.00	1218.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1218.00	1218.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1218.00	1218.00

2017-07-18 AM 00:10:10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1218.00	1218.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1218.00	1218.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	335.32	335.32
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	335.32	335.32

COLUMN B: 1218.00 - 0.00 = 1218.00

**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)						PAGE 6 OF 9		
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)
National Court Reporters Association

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Disbursement																									
Mailing Address P.O. Box 622227		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>04</td><td></td><td></td><td>10</td><td></td><td></td><td>2017</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	04			10			2017					
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
04			10			2017																					
City Orlando	State FL	Zip Code 32862																									
Purpose of Disbursement merchant fee		FEC Identification Number C																									
Candidate Name		Transaction ID : SB21B.11299																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 27.99																									
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>																									
State:	District:																										

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Date of Disbursement																									
Mailing Address P.O. Box 622227		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>04</td><td></td><td></td><td>10</td><td></td><td></td><td>2017</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	04			10			2017					
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
04			10			2017																					
City Orlando	State FL	Zip Code 32862																									
Purpose of Disbursement Merchant fee		FEC Identification Number C																									
Candidate Name		Transaction ID : SB21B.11300																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 1.62																									
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>																									
State:	District:																										

Full Name (Last, First, Middle Initial) C. SunTrust Bank		Date of Disbursement																									
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05			10			2017																					
City Orlando	State FL	Zip Code 32862																									
Purpose of Disbursement Merchant fee		FEC Identification Number C																									
Candidate Name		Transaction ID : SB21B.11311																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 27.20																									
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>																									
State:	District:																										

SUBTOTAL of Disbursements This Page (optional).....	56.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
National Court Reporters Association

Full Name (Last, First, Middle Initial) A. SunTrust Bank	Date of Disbursement <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">YYYY</td> </tr> <tr> <td style="text-align: center;">05</td> <td style="text-align: center;">10</td> <td style="text-align: center;">2017</td> </tr> </table>	MM	DD	YYYY	05	10	2017																	
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05	10	2017																						
Mailing Address P.O. Box 622227	FEC Identification Number <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">C</td> </tr> <tr> <td style="text-align: center;">Transaction ID : SB21B.11313</td> </tr> <tr> <td style="text-align: center;">Amount of Each Disbursement this Period</td> </tr> <tr> <td style="text-align: center;">19.95</td> </tr> </table>	C	Transaction ID : SB21B.11313	Amount of Each Disbursement this Period	19.95																			
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State:	District:																							

Full Name (Last, First, Middle Initial) C. SunTrust Bank	Date of Disbursement <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">YYYY</td> </tr> <tr> <td style="text-align: center;">06</td> <td style="text-align: center;">12</td> <td style="text-align: center;">2017</td> </tr> </table>	MM	DD	YYYY	06	12	2017																	
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City Orlando	State FL	Zip Code 32862																						
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<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																							
<input type="checkbox"/> President																								
State:	District:																							

SUBTOTAL of Disbursements This Page (optional).....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">66.08</td> </tr> </table>	66.08
66.08		
TOTAL This Period (last page this line number only).....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> </td> </tr> </table>	

2017-07-07 10:00:10 AM

**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)	PAGE 8 OF 9			
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Court Reporters Association

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Disbursement							
Mailing Address P.O. Box 622227		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td>12</td> <td>2017</td> </tr> </table>		M M	D D	Y Y Y Y	06	12	2017
M M	D D	Y Y Y Y							
06	12	2017							
City Orlando	State FL	Zip Code 32862							
Purpose of Disbursement Merchant fee		FEC Identification Number							
Candidate Name		<table border="1"> <tr> <td>C</td> </tr> <tr> <td>Transaction ID : SB21B.11318</td> </tr> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1.62</td> </tr> </table>		C	Transaction ID : SB21B.11318	Amount of Each Disbursement this Period	1.62		
C									
Transaction ID : SB21B.11318									
Amount of Each Disbursement this Period									
1.62									
Office Sought:	Disbursement For:	Memo Item							
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State:	District:								

Full Name (Last, First, Middle Initial)		Date of Disbursement							
Mailing Address		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		M M	D D	Y Y Y Y			
M M	D D	Y Y Y Y							
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Purpose of Disbursement		FEC Identification Number							
Candidate Name		<table border="1"> <tr> <td>C</td> </tr> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td></td> </tr> </table>		C	Amount of Each Disbursement this Period				
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State:	District:								

Full Name (Last, First, Middle Initial)		Date of Disbursement							
Mailing Address		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		M M	D D	Y Y Y Y			
M M	D D	Y Y Y Y							
City	State	Zip Code							
Purpose of Disbursement		FEC Identification Number							
Candidate Name		<table border="1"> <tr> <td>C</td> </tr> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td></td> </tr> </table>		C	Amount of Each Disbursement this Period				
C									
Amount of Each Disbursement this Period									
Office Sought:	Disbursement For:	Memo Item							
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State:	District:								

SUBTOTAL of Disbursements This Page (optional).....▶	1.62
TOTAL This Period (last page this line number only).....▶	124.51

2017-07-18 00:16:41

**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)			PAGE 9 OF 9		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	
	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
National Court Reporters Association

Full Name (Last, First, Middle Initial) A. BYRNE FOR CONGRESS INC, , , ,		Date of Disbursement	
Mailing Address 499 S Captiol St SW Suite 420		MM / DD / YYYY 04 / 07 / 2017	
City Washington	State DC	Zip Code 20003	FEC Identification Number C00545673
Purpose of Disbursement Contribution		Category/ Type 011	Transaction ID : SB23.11282
Candidate Name BYRNE FOR CONGRESS INC		Amount of Each Disbursement this Period 500.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AL District: 01	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. YODER FOR CONGRESS		Date of Disbursement	
Mailing Address PO BOX 26742		MM / DD / YYYY 06 / 30 / 2017	
City OVERLAND PARK	State KS	Zip Code 66225	FEC Identification Number C00472365
Purpose of Disbursement Contribution		Category/ Type	Transaction ID : SB23.11310
Candidate Name		Amount of Each Disbursement this Period 500.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: KS District: 03	<input type="checkbox"/> Memo Item		

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

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

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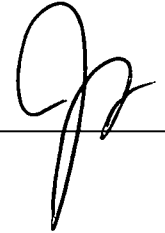
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER  DATE PREPARED 2/18/17

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