

# 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. 12FE4M5  
Friends of Michelle

ADDRESS (number and street) P.O. Box 25422  
 Check if different than previously reported. (ACC) Albuquerque NM 87108

2. **FEC IDENTIFICATION NUMBER** ▼ C C00501254 CITY ▲ STATE ▲ ZIP CODE ▲  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) STATE ▼ DISTRICT  
NM 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  
07 / 01 / 2015 through 09 / 30 / 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 Ms. Jeannine L. Daniels  
Signature of Treasurer Ms. Jeannine L. Daniels *[Electronically Filed]* Date M M / D D / Y Y Y Y  
10 / 15 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Friends of Michelle**

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

	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))....	200562.88	660658.59
(b) Total Contribution Refunds (from Line 20(d)) .....	350.00	900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	200212.88	659758.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	100663.26	327706.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	54436.59
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	100663.26	273269.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	573600.36	
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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Michelle

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

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).....	78036.00	351532.16
(ii) Unitemized.....	7626.88	19901.43
(iii) TOTAL of contributions from individuals ▶	85662.88	371433.59
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	114900.00	289225.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	200562.88	660658.59
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
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	54436.59
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)..... ▶	200562.88	715095.18

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	100663.26	327706.52
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 .....	350.00	900.00
(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)).....	350.00	900.00
21. OTHER DISBURSEMENTS .....	35150.00	87476.50
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	136163.26	416083.02

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	509200.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	200562.88
25. SUBTOTAL (add Line 23 and Line 24).....	709763.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	136163.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	573600.36

**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 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**James Carl Akins**

Mailing Address 3515 La Hacienda PI NE

City Albuquerque State NM Zip Code 87106-1118

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2015

**Transaction ID : C10777256**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 5815 Jones Place NW

City Albuquerque State NM Zip Code 87120

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2015

**Transaction ID : C10777142**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2851 Trellis Dr NW

City Albuquerque State NM Zip Code 87107-2933

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Photographer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790562**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

**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 6 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Catherine A. Allen**

Mailing Address 5 San Sebastian Rd

City Santa Fe State NM Zip Code 87505-1417

FEC ID number of contributing federal political committee. **C**

Name of Employer The Santa Fe Group Occupation Chairman and CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015

**Transaction ID : C10777479**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1428 Canada Del Sur

City Santa Fe State NM Zip Code 87501-8720

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2015

**Transaction ID : C10777174**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2304 Calle De Real NW

City Albuquerque State NM Zip Code 87104-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : C10789968**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

**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 7 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Cristina Antelo**

Mailing Address 2312 1st St NW

City Washington State DC Zip Code 20001-1018

FEC ID number of contributing federal political committee. **C**

Name of Employer Podesta Group Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2015

**Transaction ID : C10782442**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2829 Texas St NE

City Albuquerque State NM Zip Code 87110-3735

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2015

**Transaction ID : C10752078**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 2829 Texas St NE

City Albuquerque State NM Zip Code 87110-3735

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : C10759585**

Amount of Each Receipt this Period  
 250.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 8 OF 132  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Robert G. Armstrong**

Mailing Address 2608 N Washington Ave

City Roswell State NM Zip Code 88201-5237

FEC ID number of contributing federal political committee. **C**

Name of Employer Armstrong Energy Corp. Occupation O & G Producer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790368**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5125 Northern Trl NW

City Albuquerque State NM Zip Code 87120-2025

FEC ID number of contributing federal political committee. **C**

Name of Employer UNM Occupation Programs Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2015

**Transaction ID : C10777130**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4801 Piedra Rosa St NE

City Albuquerque State NM Zip Code 87111-2117

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790619**

Amount of Each Receipt this Period  
250.00

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

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

1000.00



**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 9 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald A. Bell**

Mailing Address 362 Juniper Hill Rd NE

City Albuquerque State NM Zip Code 87122-1404

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 07 / 2015

**Transaction ID : C10752416**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**John Warwick Boyd Esq.**

Mailing Address 3812 La Hacienda Dr NE

City Albuquerque State NM Zip Code 87110-6116

FEC ID number of contributing federal political committee. **C**

Name of Employer Feedman, Boyd, Hollander & Goldberg Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 14 / 2015

**Transaction ID : C10754879**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**John Warwick Boyd Esq.**

Mailing Address 3812 La Hacienda Dr NE

City Albuquerque State NM Zip Code 87110-6116

FEC ID number of contributing federal political committee. **C**

Name of Employer Feedman, Boyd, Hollander & Goldberg Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 14 / 2015

**Transaction ID : C10771897**

Amount of Each Receipt this Period  
50.00

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

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

350.00

**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 10 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**John Warwick Boyd Esq.**

Mailing Address **3812 La Hacienda Dr NE**

City **Albuquerque** State **NM** Zip Code **87110-6116**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Feedman, Boyd, Hollander & Goldberg** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 14 / 2015**

**Transaction ID : C10781512**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **18 Berm St NW**

City **Albuquerque** State **NM** Zip Code **87120-1822**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Healthcare Consultant**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 29 / 2015**

**Transaction ID : C10790195**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **312 San Pasquale Ave NW**

City **Albuquerque** State **NM** Zip Code **87104-1432**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10790601**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1550.00**

**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 11 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**David P Buchholtz**

Mailing Address 9921 Barrinson NE

City Albuquerque State NM Zip Code 87111-5895

FEC ID number of contributing federal political committee. **C**

Name of Employer Rodey Law firm Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790461**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 3108 33rd PI NW

City Washington State DC Zip Code 20008-3301

FEC ID number of contributing federal political committee. **C**

Name of Employer NVG LLC Occupation Political Consultlant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : C10785271**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 2851 Trellis Dr NW

City Albuquerque State NM Zip Code 87107-2933

FEC ID number of contributing federal political committee. **C**

Name of Employer XL Scientific Occupation Scientist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790566**

Amount of Each Receipt this Period  
**250.00**

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

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

**600.00**

**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 12 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Ernie C de Baca**

Mailing Address 2312 Calle De Real NW

City Albuquerque State NM Zip Code 87104-3074

FEC ID number of contributing federal political committee. **C**

Name of Employer PNM Occupation VP Government Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : C10789341**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Cristy J. Carbon-Gaul**

Mailing Address 10509 4th St NW

City Albuquerque State NM Zip Code 87114-2219

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2015

**Transaction ID : C10787296**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 4072 Dietz Farm Cir NW

City Los Ranchos State NM Zip Code 87107-3104

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Investment Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2015

**Transaction ID : C10750051**

Amount of Each Receipt this Period  
250.00

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

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

650.00

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

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

FOR LINE NUMBER: PAGE 13 OF 132  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen D. Carter**  
 Mailing Address 8012 Pennsylvania Circle NE  
 City State Zip Code  
 Albuquerque NM 87110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Carter & Valle Law Firm Attorney  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 30 2015  
**Transaction ID : C10790638**  
 Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**James Chavez**  
 Mailing Address 320 Gold Ave SW  
 Ste 1400  
 City State Zip Code  
 Albuquerque NM 87102-3248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Attorney  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 30 2015  
**Transaction ID : C10790564**  
 Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Martin J. Chavez**  
 Mailing Address 400 8th St NW  
 Apt 206  
 City State Zip Code  
 Washington DC 20004-2106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 30 2015  
**Transaction ID : C10790568**  
 Amount of Each Receipt this Period  
 500.00

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

1250.00

**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 14 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Morris J. Chavez**

Mailing Address 309 Morningside Dr SE

City Albuquerque State NM Zip Code 87108-2686

FEC ID number of contributing federal political committee. **C**

Name of Employer Saucedo & Chavez Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2015

**Transaction ID : C10758191**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address PO Box 14641

City Albuquerque State NM Zip Code 87191-4641

FEC ID number of contributing federal political committee. **C**

Name of Employer Double Eagle Real Estate Occupation Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2015

**Transaction ID : C10772326**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank Ted Cloak Jr**

Mailing Address 1613 Fruit Ave NW

City Albuquerque State NM Zip Code 87104-1231

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2015

**Transaction ID : C10765365**

Amount of Each Receipt this Period  
 20.00

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

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

720.00

**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 15 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Frank Ted Cloak Jr**

Mailing Address 1613 Fruit Ave NW

City Albuquerque State NM Zip Code 87104-1231

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **255.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 28 / 2015**

**Transaction ID : C10775707**

Amount of Each Receipt this Period  
**20.00**

**B.** Full Name (Last, First, Middle Initial)  
**Frank Ted Cloak Jr**

Mailing Address 1613 Fruit Ave NW

City Albuquerque State NM Zip Code 87104-1231

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **255.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2015**

**Transaction ID : C10787414**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address PO Box 1683

City Taos State NM Zip Code 87571-1683

FEC ID number of contributing federal political committee. **C**

Name of Employer Crollett & McDowell, P.A. Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2015**

**Transaction ID : C10790205**

Amount of Each Receipt this Period  
**250.00**

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

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

**290.00**

**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 16 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Jeannine Daniels**

Mailing Address 6005 Wildflower Trl NE

City Albuquerque State NM Zip Code 87111-8100

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2015

**Transaction ID : C10777250**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 533 Roehl Rd NW

City Los Ranchos State NM Zip Code 87107-6651

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : C10789985**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2710 Veranda Rd NW

City Albuquerque State NM Zip Code 87107-2941

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2015

**Transaction ID : C10750326**

Amount of Each Receipt this Period  
 100.00

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

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

2100.00



**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 17 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Ann Dunlap**

Mailing Address 2710 Veranda Rd NW

City Albuquerque State NM Zip Code 87107-2941

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2015

**Transaction ID : C10769862**

Amount of Each Receipt this Period  
 100.00

1100.00

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

Mailing Address 2710 Veranda Rd NW

City Albuquerque State NM Zip Code 87107-2941

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2015

**Transaction ID : C1077928**

Amount of Each Receipt this Period  
 100.00

1100.00

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

Mailing Address 170 Nicky Ln

City Corrales State NM Zip Code 87048-7209

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2015

**Transaction ID : C10778032**

Amount of Each Receipt this Period  
 500.00

1500.00

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 18 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Ethan Michael Epstein Esq.**

Mailing Address **PO Box 6638**

City **Albuquerque** State **NM** Zip Code **87197-6638**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Epstein & Company LLC** Occupation **Attorney**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10790649**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **800 Wellesley Dr NE**

City **Albuquerque** State **NM** Zip Code **87106-1937**

FEC ID number of contributing federal political committee. **C**

Name of Employer **La Cumbre Brewing Co.** Occupation **Business Owner**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 14 / 2015**

**Transaction ID : C10754912**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **PO Box 271**

City **Albuquerque** State **NM** Zip Code **87103-0271**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Stelzner, Winter, Warburton, Flores, S** Occupation **Attorney**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 06 / 2015**

**Transaction ID : C10751480**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

**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 19 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Mark Gallagher**

Mailing Address 3208 Greystone Ct SE

City Rio Rancho State NM Zip Code 87124-1261

FEC ID number of contributing federal political committee. **C**

Name of Employer RMG Consulting LLC Occupation Management Consulting

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10790604**

Amount of Each Receipt this Period  
**700.00**

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

Mailing Address 5105 Royene Ave NE

City Albuquerque State NM Zip Code 87110-5841

FEC ID number of contributing federal political committee. **C**

Name of Employer Wray & Girard, PC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 02 / 2015**

**Transaction ID : C10749721**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address PO Box 308

City Valdez State NM Zip Code 87580-0308

FEC ID number of contributing federal political committee. **C**

Name of Employer Gold Communications Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10790642**

Amount of Each Receipt this Period  
**250.00**

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

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

**1200.00**

**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 20 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**David Gonzales**

Mailing Address 5925 Edith Blvd NE

City Albuquerque State NM Zip Code 87107-5051

FEC ID number of contributing federal political committee. **C**

Name of Employer Mathew Rentals Occupation Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790599**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4405 Los Valles Dr NW

City Albuquerque State NM Zip Code 87120-8804

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015

**Transaction ID : C10754860**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1801 Rio Grande Blvd NW

City Albuquerque State NM Zip Code 87104-2566

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : C10789311**

Amount of Each Receipt this Period  
700.00

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

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

1250.00

**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 21 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**F. Michael Hart**

Mailing Address 1801 Rio Grande Blvd NW

City Albuquerque State NM Zip Code 87104-2566

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : C10801942**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 4904 Guadalupe Trail NW

City Albuquerque State NM Zip Code 87107

FEC ID number of contributing federal political committee. **C**

Name of Employer Hubbard Broadcasting Inc. Occupation Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10792812**

Amount of Each Receipt this Period  
1700.00

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

Mailing Address President Ty Vicenti  
PO Box 507

City Dulce State NM Zip Code 87528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2015

**Transaction ID : C10787288**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 22 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>Mary Ann Joca</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2015
Mailing Address 915 Los Arboles Ave NW		<b>Transaction ID : C10767002</b>
City Albuquerque	State NM	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation Retired	310.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Mary Ann Joca</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2015
Mailing Address 915 Los Arboles Ave NW		<b>Transaction ID : C10776579</b>
City Albuquerque	State NM	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation Retired	310.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>John J. Kelly Esq.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2015
Mailing Address 3009 Calle San Ysidro NW		<b>Transaction ID : C10764986</b>
City Albuquerque	State NM	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Law Office of John J Kelly	Occupation Attorney	500.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 23 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**John J. Kelly Esq.**

Mailing Address 3009 Calle San Ysidro NW

City Albuquerque State NM Zip Code 87107-3029

FEC ID number of contributing federal political committee. **C**

Name of Employer Law Office of John J Kelly Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 27 / 2015**

**Transaction ID : C10775559**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 2655 Steiner St

City San Francisco State CA Zip Code 94115-1141

FEC ID number of contributing federal political committee. **C**

Name of Employer Kieve Law Offices Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10790443**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address PO Box 40

City Moriarty State NM Zip Code 87035-0040

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 02 / 2015**

**Transaction ID : C10777136**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2100.00**

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

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

FOR LINE NUMBER: PAGE 24 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel H. Kloke**

Mailing Address 3804 Copper Ave NE  
Apt 1

City Albuquerque State NM Zip Code 87108-1049

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : C10788767**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 915 Ridgecrest Dr SE

City Albuquerque State NM Zip Code 87108-3370

FEC ID number of contributing federal political committee. **C**

Name of Employer NM VA Medical Center Occupation Surgeon

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 02 / 2015

**Transaction ID : C10777129**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1006 Tramway Ln NE

City Albuquerque State NM Zip Code 87122-1317

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 14 / 2015

**Transaction ID : C10772529**

Amount of Each Receipt this Period  
250.00

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

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

850.00



**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 25 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**James Lyle**

Mailing Address 1115 Roadrunner Ln NW

City Los Ranchos State NM Zip Code 87107-6443

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790598**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2301 Vista Larga Ave NE

City Albuquerque State NM Zip Code 87106-3733

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2015

**Transaction ID : C10787313**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 3245

City Albuquerque State NM Zip Code 87190-3245

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2015

**Transaction ID : C10777108**

Amount of Each Receipt this Period  
650.00

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

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

2150.00

**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 26 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Match-E-Be-Nash-She-Wish Band of Potawatomi Indians**

Mailing Address PO Box 218

City State Zip Code  
Dorr MI 49323

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10801058**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Barbara L. McAneny M.D.**

Mailing Address 3325 Calle De Daniel NW

City State Zip Code  
Albuquerque NM 87104-3023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New Mexico Oncology Hematology Consult Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : C10790194**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 703 Osuna Rd NE  
Ste 6

City State Zip Code  
Albuquerque NM 87113-1392

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Midway Leasing Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : C10790183**

Amount of Each Receipt this Period  
 1000.00

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

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

4700.00

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

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

FOR LINE NUMBER: PAGE 27 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Greg McManus**

Mailing Address 3501 N Butler Ave  
Ste 101

City Farmington State NM Zip Code 87401-6430

FEC ID number of contributing federal political committee. **C**

Name of Employer Therapy One Occupation Physical Therapist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : C10782071**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 34 Camino De Los Desmontes

City Placitas State NM Zip Code 87043-8730

FEC ID number of contributing federal political committee. **C**

Name of Employer Sonosky, Chambers, Sachse, Mielke & Br Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790606**

Amount of Each Receipt this Period  
700.00

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

Mailing Address 34 Camino De Los Desmontes

City Placitas State NM Zip Code 87043-8730

FEC ID number of contributing federal political committee. **C**

Name of Employer Sonosky, Chambers, Sachse, Mielke & Br Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10801946**

Amount of Each Receipt this Period  
300.00

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

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

1250.00

**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 28 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Lloyd Miller**

Mailing Address 2166 Belair Dr

City Anchorage State AK Zip Code 99517-1363

FEC ID number of contributing federal political committee. **C**

Name of Employer Sonosky Chambers Sachse Miller & Munso Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2015

**Transaction ID : C10749678**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mississippi Band of Choctaw Indians**

Mailing Address PO Box 6090

City Choctaw State MS Zip Code 39350-6090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10793514**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 937 Highway 472

City Stanley State NM Zip Code 87056-7035

FEC ID number of contributing federal political committee. **C**

Name of Employer CenturyLink, Inc. Occupation Regulatory Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790646**

Amount of Each Receipt this Period  
 250.00

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

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

2250.00

**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 29 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Jeffrey D Morehouse**

Mailing Address 8830 Black Oak Ct NE

City Albuquerque State NM Zip Code 87122-2964

FEC ID number of contributing federal political committee. **C**

Name of Employer ABQ Health Partners Occupation Surgeon

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2015

**Transaction ID : C10749540**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Fred S Nathan Jr.**

Mailing Address 46 Laughing Horse Ln

City Santa Fe State NM Zip Code 87508-9484

FEC ID number of contributing federal political committee. **C**

Name of Employer Think New Mexico Occupation Exec Dir

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2015

**Transaction ID : C10777137**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Fred S Nathan Jr.**

Mailing Address 46 Laughing Horse Ln

City Santa Fe State NM Zip Code 87508-9484

FEC ID number of contributing federal political committee. **C**

Name of Employer Think New Mexico Occupation Exec Dir

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2015

**Transaction ID : C10777167**

Amount of Each Receipt this Period  
200.00

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 30 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Natasha K. Ning**

Mailing Address 1331 Park Ave SW  
Unit 609

City Albuquerque State NM Zip Code 87102-2853

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2015

**Transaction ID : C10787305**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6690 Corrales Rd

City Corrales State NM Zip Code 87048-9012

FEC ID number of contributing federal political committee. **C**

Name of Employer State of New Mexico Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : C10785422**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Criostoir S. O'Cleireachain**

Mailing Address 3804 Tewa Dr NE

City Albuquerque State NM Zip Code 87111-7901

FEC ID number of contributing federal political committee. **C**

Name of Employer Carter & Valle Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790636**

Amount of Each Receipt this Period  
200.00

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 31 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Criostoir S. O'Cleireachain**

Mailing Address **3804 Tewa Dr NE**

City **Albuquerque** State **NM** Zip Code **87111-7901**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Carter & Valle** Occupation **Attorney**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10790637**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**John R. O'Donnell**

Mailing Address **101 Constitution Ave NW  
FI 9**

City **Washington** State **DC** Zip Code **20001-2133**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Murray, Montgomery & O'Donnell** Occupation **Partner**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10795606**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **724 Hermosa Dr NE**

City **Albuquerque** State **NM** Zip Code **87110-7706**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Parnall Law Firm** Occupation **Attorney**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10790487**

Amount of Each Receipt this Period  
**250.00**

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

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

**1050.00**

**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 32 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen K. Parton**

Mailing Address 6401 Oak Hill Ct. NE

City Albuquerque State NM Zip Code 87111-6540

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2015

**Transaction ID : C10765041**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 7701 Oakland Ave NE

City Albuquerque State NM Zip Code 87122-2764

FEC ID number of contributing federal political committee. **C**

Name of Employer Scale Italian Grill Occupation Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10796021**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address Sonosky, Chambers, Sachse, Enderso  
1425 K Street, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Sonosky, Chambers, Sachse, Endreson & Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790528**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00



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

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

FOR LINE NUMBER: PAGE 33 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Earl W. Potter**

Mailing Address **PO Box 1208**

City **Santa Fe** State **NM** Zip Code **87504-1208**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Five & Dime General Stores** Occupation **Chairman**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10790554**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **PO Box 70**

City **Cochiti Pueblo** State **NM** Zip Code **87072-0070**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 14 / 2015**

**Transaction ID : C10781709**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Pueblo of Ohkay Owingeh**

Mailing Address **PO Box 1119**

City **Ohkay Owingeh** State **NM** Zip Code **87566-1119**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 29 / 2015**

**Transaction ID : C10786570**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2000.00**

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

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

FOR LINE NUMBER: PAGE 34 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Pueblo of San Felipe**

Mailing Address **PO Box 4339**

City **San Felipe Pueblo** State **NM** Zip Code **87001**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10790632**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Pueblo of Santo Domingo**

Mailing Address **PO Box 998**

City **Santo Domingo Pueblo** State **NM** Zip Code **87052**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 14 / 2015**

**Transaction ID : C10781710**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address **908 El Alhambra Cir NW**

City **Los Ranchos** State **NM** Zip Code **87107-6304**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Modrall Sperling Roehl Harris & Sisk P** Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10790603**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

**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 35 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Miriam Rand**

Mailing Address 1916 Rio Grande Blvd NW

City Albuquerque State NM Zip Code 87104-2524

FEC ID number of contributing federal political committee. **C**

Name of Employer Family Matters Occupation Adoption Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2015

**Transaction ID : C10753693**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 1916 Rio Grande Blvd NW

City Albuquerque State NM Zip Code 87104-2524

FEC ID number of contributing federal political committee. **C**

Name of Employer Family Matters Occupation Adoption Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2015

**Transaction ID : C10770375**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 1916 Rio Grande Blvd NW

City Albuquerque State NM Zip Code 87104-2524

FEC ID number of contributing federal political committee. **C**

Name of Employer Family Matters Occupation Adoption Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2015

**Transaction ID : C10778315**

Amount of Each Receipt this Period  
 100.00

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 36 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Penny Taylor Rembe**

Mailing Address 4803 Rio Grande Blvd NW

City Los Ranchos State NM Zip Code 87107-5520

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Innkeeper

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2015

**Transaction ID : C10754922**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Saginaw Chippewa Indian Tribe**

Mailing Address 7070 East Broadway

City Mount Pleasant State MI Zip Code 48858

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10796544**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Seminole Tribe of Florida**

Mailing Address 6300 Stirling Rd

City Hollywood State FL Zip Code 33024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : C10785376**

Amount of Each Receipt this Period  
 2700.00

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

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

6400.00

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

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

FOR LINE NUMBER: PAGE 37 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Shakopee Mdewakanton Sioux Community**

Mailing Address 2330 Sioux Trl NW

City State Zip Code  
Prior Lake MN 55372-9077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : C10757486**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**David Siegel M.D.**

Mailing Address 7014 Guadalupe Trl NW

City State Zip Code  
Los Ranchos NM 87107-6608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of New Mexico Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10771885**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address PO Box 8602

City State Zip Code  
Santa Fe NM 87504-8602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Resources for Change Govt. Relations

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790575**

Amount of Each Receipt this Period  
 100.00

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

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

3300.00

**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 38 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Katherine Slick**

Mailing Address 3041 Sedgwick St NW  
Apt 203

City Washington State DC Zip Code 20008-3154

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790276**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6504 Meoqui Ct NW

City Los Ranchos State NM Zip Code 87107-5613

FEC ID number of contributing federal political committee. **C**

Name of Employer Presbyterian Medical Services Occupation Executive VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015

**Transaction ID : C10772834**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 28 Don Quijote Ct

City Corrales State NM Zip Code 87048-7906

FEC ID number of contributing federal political committee. **C**

Name of Employer Coldwell Banker Commercial, Las Colina Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790571**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 39 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>Cheryl Solomon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 02 / 2015
Mailing Address 1512 Eagle Ridge Rd NE		<b>Transaction ID : C10777135</b>
City Albuquerque	State NM	Zip Code 87122-1155
FEC ID number of contributing federal political committee.	C	
Name of Employer None	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	
		Amount of Each Receipt this Period 150.00

Full Name (Last, First, Middle Initial) <b>Patricia M. Stelzner</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015
Mailing Address 3521 Campbell Ct NW		<b>Transaction ID : C10790178</b>
City Albuquerque	State NM	Zip Code 87104-3201
FEC ID number of contributing federal political committee.	C	
Name of Employer None	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	
		Amount of Each Receipt this Period 750.00

Full Name (Last, First, Middle Initial) <b>Robert D. Stern</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2015
Mailing Address 863 Camino Del Este		<b>Transaction ID : C10757464</b>
City Santa Fe	State NM	Zip Code 87501-8758
FEC ID number of contributing federal political committee.	C	
Name of Employer None	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	
		Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 40 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

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

Mailing Address 1501 San Patricio Ave SW

City Albuquerque State NM Zip Code 87104-1045

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Investments

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790618**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 7459B Old Santa Fe Trl

City Santa Fe State NM Zip Code 87505-9578

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 23 / 2015

**Transaction ID : C10759986**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 7459B Old Santa Fe Trl

City Santa Fe State NM Zip Code 87505-9578

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 23 / 2015

**Transaction ID : C10773903**

Amount of Each Receipt this Period  
 50.00

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

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

1100.00



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

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

FOR LINE NUMBER: PAGE 41 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Paula Tackett**

Mailing Address 7459B Old Santa Fe Trl

City Santa Fe State NM Zip Code 87505-9578

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : C10785809**

Amount of Each Receipt this Period  
 50.00

550.00

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

Mailing Address 2515 Custis Rd

City Arlington State VA Zip Code 22201-3937

FEC ID number of contributing federal political committee. **C**

Name of Employer The First Group Occupation Principal

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : C10789766**

Amount of Each Receipt this Period  
 500.00

500.00

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

Mailing Address 12907 Calle De Sandias NE

City Albuquerque State NM Zip Code 87111-2922

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Contract Lobbyist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2015

**Transaction ID : C10787317**

Amount of Each Receipt this Period  
 1700.00

3700.00

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

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

2250.00

**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 42 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Randy L. Traynor**

Mailing Address 12907 Calle De Sandias NE

City Albuquerque State NM Zip Code 87111-2922

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Contract Lobbyist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2015

**Transaction ID : C10801944**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1659 Tierra Del Rio NW

City Albuquerque State NM Zip Code 87107-3244

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : C10790196**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 7 Autumn Light Pl

City Santa Fe State NM Zip Code 87508-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Public Relations/Marketing

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790647**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

**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 43 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**John P. Ulrich**

Mailing Address 5813 Padre Roberto Rd NW

City Los Ranchos State NM Zip Code 87107-7115

FEC ID number of contributing federal political committee. **C**

Name of Employer Ulrich Consulting Group, LLC Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : C10789833**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dona J. Upson M.D.**

Mailing Address 530 Montclair Dr SE

City Albuquerque State NM Zip Code 87108-3349

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Veterans Affairs Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2015

**Transaction ID : C10777132**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**B. Leigh Vall-Spinosa**

Mailing Address 5719 Tierra Viva Pl NW

City Albuquerque State NM Zip Code 87107-5277

FEC ID number of contributing federal political committee. **C**

Name of Employer First Choice Community Healthcare Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : C10781983**

Amount of Each Receipt this Period  
300.00

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

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

1300.00

**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 44 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Valle**

Mailing Address 4713 Larchmont Dr NE

City Albuquerque State NM Zip Code 87111-3046

FEC ID number of contributing federal political committee. **C**

Name of Employer Carter & Valle Law Firm Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790635**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 948 CR O

City Clovis State NM Zip Code 88101

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Dairy Owner/Operator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : C10801053**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 948 CR O

City Clovis State NM Zip Code 88101

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Dairy Owner/Operator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : C10801054**

Amount of Each Receipt this Period  
2300.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 45 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Farley T. Vener CPA**

Mailing Address 1503 Plaza Encantada NW

City Albuquerque State NM Zip Code 87107-3256

FEC ID number of contributing federal political committee. **C**

Name of Employer Hinkle + Landers, PC Occupation CPA/President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2015

**Transaction ID : C10751655**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Kay Vincent-Collawn**

Mailing Address 4408 Atherton Way NW

City Albuquerque State NM Zip Code 87120-1262

FEC ID number of contributing federal political committee. **C**

Name of Employer PNM Resources Occupation Chief Executive Officer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : C10790188**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 518 Black Bear Loop NE

City Albuquerque State NM Zip Code 87122-1802

FEC ID number of contributing federal political committee. **C**

Name of Employer The Urban Institute Occupation Health Policy Researcher and Analyst

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : C10766608**

Amount of Each Receipt this Period  
 100.00

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

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

2100.00

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

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

FOR LINE NUMBER: PAGE 46 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

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

Mailing Address 518 Black Bear Loop NE

City Albuquerque State NM Zip Code 87122-1802

FEC ID number of contributing federal political committee. **C**

Name of Employer The Urban Institute Occupation Health Policy Researcher and Analyst

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 30 / 2015**

**Transaction ID : C10776336**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Paul F. Wynn Jr.**

Mailing Address c/o 320 Gold Ave, Suite 1000

City Albuquerque State NM Zip Code 87102

FEC ID number of contributing federal political committee. **C**

Name of Employer Acme Metals Inc. Occupation Business Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10792456**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Paul F. Wynn Jr.**

Mailing Address c/o 320 Gold Ave, Suite 1000

City Albuquerque State NM Zip Code 87102

FEC ID number of contributing federal political committee. **C**

Name of Employer Acme Metals Inc. Occupation Business Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10792457**

Amount of Each Receipt this Period  
**200.00**

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

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

**2800.00**

**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 47 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Paul F. Wynn Jr.**

Mailing Address *c/o 320 Gold Ave, Suite 1000*

City: *Albuquerque* State: *NM* Zip Code: *87102*

FEC ID number of contributing federal political committee: *C*

Name of Employer: *Acme Metals Inc.* Occupation: *Business Owner*

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: *4000.00*

Date of Receipt: *09 / 30 / 2015*

**Transaction ID : C10792458**

Amount of Each Receipt this Period: *1300.00*

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

Mailing Address *1085 Camino Manana*

City: *Santa Fe* State: *NM* Zip Code: *87501-1088*

FEC ID number of contributing federal political committee: *C*

Name of Employer: *None* Occupation: *Retired*

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: *1250.00*

Date of Receipt: *09 / 24 / 2015*

**Transaction ID : C10789429A**

Amount of Each Receipt this Period: *250.00*

\* Earmarked Contribution: See Below

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

Mailing Address *PO Box 382110*

City: *Cambridge* State: *MA* Zip Code: *02238-2110*

FEC ID number of contributing federal political committee: *C c00439703*

Name of Employer: Occupation: *Conduit total listed in Agg. field*

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: *6507.32*

Date of Receipt: *09 / 27 / 2015*

**Transaction ID : C10789429AB**

Amount of Each Receipt this Period: *250.00*

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

*1550.00*

**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 48 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Laurie Dunn**

Mailing Address **PO Box 2575**

City **Taos** State **NM** Zip Code **87571-2575**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Black Mesa Winery** Occupation **Assistant Manager**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10801003A**

Amount of Each Receipt this Period  
**250.00**

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C c00439703**

Name of Employer Occupation  
**Conduit total listed in Agg. field**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6507.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10801003AB**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address **25 Cumorah Hills**

City **Silver City** State **NM** Zip Code **88061**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JHCC** Occupation **Contractor**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2015**

**Transaction ID : C10800946A**

Amount of Each Receipt this Period  
**500.00**

\* Earmarked Contribution: See Below

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

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

**750.00**



**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 49 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C c00439703**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**6507.32**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2015

**Transaction ID : C10800946AB**

Amount of Each Receipt this Period  

500.00
--------

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address **6119 Buffalo Grass Court**

City **Albuquerque** State **NM** Zip Code **87111-8327**

FEC ID number of contributing federal political committee. **C**

Name of Employer **New Mexico Health Connections** Occupation **Physician Executive, CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2015

**Transaction ID : C10801027A**

Amount of Each Receipt this Period  

500.00
--------

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C c00439703**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**6507.32**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2015

**Transaction ID : C10801027AB**

Amount of Each Receipt this Period  

500.00
--------

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

500.00

**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 50 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

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

Mailing Address 140 W Zia Rd

City Santa Fe State NM Zip Code 87505-5766

FEC ID number of contributing federal political committee. **C**

Name of Employer The Trust for Public Land/City of Sant Occupation Lawyer/City Councilor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10801044A**

Amount of Each Receipt this Period  
 250.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** c00439703

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6507.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10801044AB**

Amount of Each Receipt this Period  
 250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Steven P. Kanig M.D.**

Mailing Address 3325 Calle de Daniel NW

City Albuquerque State NM Zip Code 87104-3023

FEC ID number of contributing federal political committee. **C**

Name of Employer CustomEHR, LLC Occupation Physician / Software Developer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2015

**Transaction ID : C10757325A**

Amount of Each Receipt this Period  
 250.00

\* Earmarked Contribution: See Below

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 51 OF 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C c00439703**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6507.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 05 / 2015**

**Transaction ID : C10757325AB**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address **PO Box 2423**

City **Santa Fe** State **NM** Zip Code **87504-2423**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**None Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10801014A**

Amount of Each Receipt this Period  
**100.00**

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C c00439703**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6507.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10801014AB**

Amount of Each Receipt this Period  
**100.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

**100.00**

**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 52 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Scott**

Mailing Address 7025 Ottawa Rd NE

City Albuquerque State NM Zip Code 87110-2249

FEC ID number of contributing federal political committee. **C**

Name of Employer UNM School of Medicine Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10801016A**

Amount of Each Receipt this Period  
 250.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** c00439703

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6507.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10801016AB**

Amount of Each Receipt this Period  
 250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 6509 High ridge PI NE

City Albuquerque State NM Zip Code 87111-8154

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **366.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : C10789439A**

Amount of Each Receipt this Period  
 180.00

\* Earmarked Contribution: See Below

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

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

430.00

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

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

FOR LINE NUMBER: PAGE 53 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C c00439703**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2016  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **6507.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2015**

**Transaction ID : C10789439AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **180.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address **6509 High ridge PI NE**

City **Albuquerque** State **NM** Zip Code **87111-8154**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2016  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **366.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10801039A**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **186.00**

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C c00439703**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2016  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **6507.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10801039AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **186.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

\_\_\_\_\_ **186.00**

\_\_\_\_\_

**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 54 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas D. Walker**

Mailing Address 4108 Killington Rd NW

City Albuquerque State NM Zip Code 87114-5564

FEC ID number of contributing federal political committee. **C**

Name of Employer Walker & Associates PC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10801015A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** c00439703

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6507.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10801015AB**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 13224 twilight trail Place NE

City Albuquerque State NM Zip Code 87111-8245

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Insurance Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
510.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : C10800993A**

Amount of Each Receipt this Period  
10.00

\* Earmarked Contribution: See Below

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

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

260.00

**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 55 OF 132
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C c00439703**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6507.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10800993AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **10.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**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 M / D 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)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 \_\_\_\_\_

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

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

\_\_\_\_\_ **0.00**

\_\_\_\_\_ **78036.00**

**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 56 OF 132
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE. NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10796000**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)**

Mailing Address 1445 NEW YORK AVENUE NW  
STE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : C10771237**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)**

Mailing Address 777 6TH STREET, NW  
SUITE 200

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : C10789011**

Amount of Each Receipt this Period  
 1000.00

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

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

3500.00



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

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

FOR LINE NUMBER: PAGE 57 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Mailing Address PO BOX 12846

City State Zip Code  
AUSTIN TX 78711

FEC ID number of contributing federal political committee. **C** C00358903

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015

Transaction ID : C10757465

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

B. Mailing Address 401 N. LINDBERGH BLVD

City State Zip Code  
ST. LOUIS MO 63141

FEC ID number of contributing federal political committee. **C** C00293910

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 9400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

Transaction ID : C10796564

Amount of Each Receipt this Period  
 1900.00

Full Name (Last, First, Middle Initial)  
AMERICAN FEDERATION OF TEACHERS, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

C. Mailing Address 555 NEW JERSEY AVENUE, NW

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

Transaction ID : C10795975

Amount of Each Receipt this Period  
 2500.00

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

5400.00

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

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

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

FOR LINE NUMBER: PAGE 58 OF 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 25 MASSACHUSETTS AVE, NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : C10758386**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN PSYCHOLOGICAL ASSOCIATION PRACTICE ORGANIZATION POLITICAL ACTION COMMITTEE (APAPO)**

Mailing Address PO BOX 65353

City State Zip Code  
WASHINGTON DC 20035

FEC ID number of contributing federal political committee. **C C00522094**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : C10771234**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS**

Mailing Address 2831 LONE OAK ROAD

City State Zip Code  
PADUCAH KY 42003

FEC ID number of contributing federal political committee. **C C00351197**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : C10757481**

Amount of Each Receipt this Period  
 5000.00

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

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

7000.00

**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 59 OF 132
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**ANTHEM, INC. POLITICAL ACTION COMMITTEE (ANTHEM PAC)**

Mailing Address 120 MONUMENT CIRCLE

City State Zip Code  
INDIANAPOLIS IN 46204

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

**Transaction ID : C10789010**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BECHTEL GROUP, INC. POLITICAL ACTION COMMITTEE (BECHTEL POLITICAL ACTION COMMITTEE)**

Mailing Address 50 BEALE STREET

City State Zip Code  
SAN FRANCISCO CA 94105

FEC ID number of contributing federal political committee. **C** C00103697

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : C10796033**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BORDER HEALTH FEDERAL PAC**

Mailing Address 612 W. NOLANA SUITE 340

City State Zip Code  
MCALLEN TX 78504

FEC ID number of contributing federal political committee. **C** C00415752

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 21 / 2015

**Transaction ID : C10785373**

Amount of Each Receipt this Period  
5000.00

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 60 OF 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**BORDER HEALTH FEDERAL PAC**

Mailing Address 612 W. NOLANA SUITE 340

City State Zip Code  
MCALLEN TX 78504

FEC ID number of contributing federal political committee. **C C00415752**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : C10785374**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)

Mailing Address 100 INDIANA AVE., N. W.

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00023580**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10795495**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 THIRD STREET, NW

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00002089**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : C10757307**

Amount of Each Receipt this Period  
2500.00

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

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

10000.00

**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 61 OF 132
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address **601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10792818**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**DEMOCRATS RESHAPING AMERICA (DREAMPAC)**

Mailing Address **410 1 ST, SE  
SUITE 310**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00423079**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2015**

**Transaction ID : C10801055**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**DOMINION RESOURCES, INC. POLITICAL ACTION COMMITTEE - DOMINION PAC**

Mailing Address **ONE JAMES RIVER PLAZA, 20TH FLOOR  
P.O. BOX 26666**

City **RICHMOND** State **VA** Zip Code **23261**

FEC ID number of contributing federal political committee. **C C00108209**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10796633**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2500.00**

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

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

FOR LINE NUMBER: PAGE 62 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**FMR LLC POLITICAL ACTION COMMITTEE - FEDERAL (FIDELITY PAC)**

Mailing Address **245 SUMMER STREET**

City **BOSTON** State **MA** Zip Code **02210**

FEC ID number of contributing federal political committee. **C C00380550**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 21 / 2015**

**Transaction ID : C10785377**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **3660 GRANDVIEW PARKWAY, SUITE 200**

City **BIRMINGHAM** State **AL** Zip Code **35243**

FEC ID number of contributing federal political committee. **C C00414649**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 31 / 2015**

**Transaction ID : C10776471**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address **101 CONSTITUTION AVE. NW  
SUITE 500 WEST**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 04 / 2015**

**Transaction ID : C10770504**

Amount of Each Receipt this Period  
**2500.00**

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

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

**5500.00**

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

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

FOR LINE NUMBER: PAGE 63 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial)  
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

A. Mailing Address 1750 NEW YORK AVENUE, NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015

Transaction ID : C10775521

Amount of Each Receipt this Period  
 2500.00

B. Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 7th St NW

City State Zip Code  
Washington DC 20001-3886

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2015

Transaction ID : C10754911

Amount of Each Receipt this Period  
 5000.00

C. Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 7th St NW

City State Zip Code  
Washington DC 20001-3886

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2015

Transaction ID : C10754910

Amount of Each Receipt this Period  
 5000.00

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

12500.00

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

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

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

FOR LINE NUMBER: PAGE 64 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial)  
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL COMM (IUPAT)

A. Mailing Address 7234 PARKWAY DRIVE

City State Zip Code  
HANOVER MD 21076

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

Transaction ID : C10785763

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**JSTREETPAC**

B. Mailing Address PO BOX 33106

City State Zip Code  
WASHINGTON DC 20033

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

Transaction ID : C10801051

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**KELLOGG COMPANY BETTER GOVERNMENT COMMITTEE**

C. Mailing Address ONE KELLOGG SQUARE

City State Zip Code  
BATTLE CREEK MI 49017

FEC ID number of contributing federal political committee. **C** C00039552

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

Transaction ID : C10793513

Amount of Each Receipt this Period  
 1000.00

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

4500.00

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



**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 65 OF 132
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

A. Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address **2121 CRYSTAL DRIVE  
SUITE 100**

City State Zip Code  
**ARLINGTON VA 22202**

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 30 2015**

**Transaction ID : C10793280**

Amount of Each Receipt this Period  
**1000.00**

B. Full Name (Last, First, Middle Initial)  
**MACHINISTS NON PARTISAN POLITICAL LEAGUE OF THE INTERNATIONAL ASSOCIATION OF MACHINISTS &**

Mailing Address **9000 MACHINISTS PLACE**

City State Zip Code  
**UPPER MARLBORO MD 20772**

FEC ID number of contributing federal political committee. **C C00002469**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 27 2015**

**Transaction ID : C10787290**

Amount of Each Receipt this Period  
**5000.00**

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

Mailing Address **POBox 3071**

City State Zip Code  
**Albuquerque NM 87190**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 30 2015**

**Transaction ID : C10801062**

Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 66 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial)  
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PAC)

**A.** Mailing Address 606 N Washington St

City State Zip Code  
Alexandria VA 22314-1914

FEC ID number of contributing federal political committee. **C** C00091561

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10796588**

Amount of Each Receipt this Period  
 2000.00

Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

**B.** Mailing Address 1325 MASSACHUSETTS AVE., NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10793281**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

**C.** Mailing Address 2901 TELESTAR CT.

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : C10785375**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 67 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF POSTAL SUPERVISORS PAC**

Mailing Address 1727 KING ST  
SUITE 400

City ALEXANDRIA State VA Zip Code 22311

FEC ID number of contributing federal political committee. **C C00092957**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

**Transaction ID : C10795732**

Amount of Each Receipt this Period  
4000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL INDIAN GAMING ASSOCIATION SOVEREIGNTY PAC**

Mailing Address 224 2ND STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00367177**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : C10796394**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC**

Mailing Address 560 SYLVAN AVENUE

City ENGLEWOOD CLIFFS State NJ Zip Code 07632

FEC ID number of contributing federal political committee. **C C00521039**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : C10795878**

Amount of Each Receipt this Period  
1500.00

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

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

8000.00

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

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

FOR LINE NUMBER: PAGE 68 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **1630 DUKE STREET  
2ND FLOOR**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00072025**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10796600**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL SORGHUM PRODUCERS POLITICAL ACTION COMMITTEE**

Mailing Address **4201 N INTERSTATE 27**

City **LUBBOCK** State **TX** Zip Code **79403**

FEC ID number of contributing federal political committee. **C C00475673**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10793511**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPAC**

Mailing Address **1605 KING STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**08 / 10 / 2015**

**Transaction ID : C10770503**

Amount of Each Receipt this Period  
**1500.00**

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

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

**3000.00**

**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 69 OF 132
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL TREASURY EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 1750 H STREET, NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00107128**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10801052**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NEA FUND FOR CHILDREN AND PUBLIC EDUCATION**

Mailing Address 1201 16TH STREET NW STE 418

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00003251**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2015

**Transaction ID : C10787287**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**NOVO NORDISK INC. PAC (NOVO NORDISK PAC)**

Mailing Address 920 MASSACHUSETTS AVE, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00424838**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10796624**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

**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 70 OF 132
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**PLANNED PARENTHOOD ACTION FUND INC. PAC**

Mailing Address 434 WEST 33RD STREET

City State Zip Code  
NEW YORK NY 10001

FEC ID number of contributing federal political committee. **C C00314617**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10790634**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS**

Mailing Address 317 MASSACHUSETTS AVENUE, NE  
1ST FLOOR

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : C10776472**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**POWERPAC OF THE EDISON ELECTRIC INSTITUTE**

Mailing Address 701 PENNSYLVANIA AVENUE NW

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00095869**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10796616**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 71 OF 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**PUBLIC SERVICE COMPANY OF NEW MEXICO RESPONSIBLE CITIZENS GROUP**

Mailing Address 414 SILVER SW  
MS 1035

City State Zip Code  
ALBUQUERQUE NM 87158

FEC ID number of contributing federal political committee. **C** C00025395

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : C10771236**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**PUBLIC SERVICE COMPANY OF NEW MEXICO RESPONSIBLE CITIZENS GROUP**

Mailing Address 414 SILVER SW  
MS 1035

City State Zip Code  
ALBUQUERQUE NM 87158

FEC ID number of contributing federal political committee. **C** C00025395

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10796579**

Amount of Each Receipt this Period  
3000.00

**C.** Full Name (Last, First, Middle Initial)  
**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE**

Mailing Address 1750 NEW YORK AVENUE, NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : C10795854**

Amount of Each Receipt this Period  
2500.00

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 72 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial)  
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE

**A.** Mailing Address **ONE STATE FARM PLAZA**  
**C/O MARK SCHWAMBERGER, TREASURER.**  
City State Zip Code  
**BLOOMINGTON IL 61710**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

**Transaction ID : C10789479**

FEC ID number of contributing federal political committee. **C C00544817**

Amount of Each Receipt this Period  

1	0	0	0	0	0	0	0	0	0
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Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)  
THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

**B.** Mailing Address **1 COCA-COLA PLAZA NW**  
City State Zip Code  
**ATLANTA GA 30313**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

**Transaction ID : C10757483**

FEC ID number of contributing federal political committee. **C C00012468**

Amount of Each Receipt this Period  

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)  
THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE

**C.** Mailing Address **701 PENNSYLVANIA AVENUE, NW**  
**SUITE 750**  
City State Zip Code  
**WASHINGTON DC 20004**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

**Transaction ID : C10757490**

FEC ID number of contributing federal political committee. **C C00039578**

Amount of Each Receipt this Period  

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 73 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

A. Full Name (Last, First, Middle Initial)  
THE FARMERS EDUCATION & CO-OPERATIVE UNION OF AMERICA PAC (NATFARMPAC)

Mailing Address 20 F STREET SUITE 300, NW

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00151019

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : C10776469

Amount of Each Receipt this Period  
 500.00

B. Full Name (Last, First, Middle Initial)  
THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Mailing Address 4301 WILSON BOULEVARD

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : C10776470

Amount of Each Receipt this Period  
 1500.00

C. Full Name (Last, First, Middle Initial)  
THE VOICES OF THE AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Mailing Address 80 F STREET, NW

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00512293

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

Transaction ID : C10796609

Amount of Each Receipt this Period  
 2000.00

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

4000.00

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

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

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

FOR LINE NUMBER: PAGE 74 OF 132  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial)  
**A. UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Mailing Address **8000 EAST JEFFERSON**

City State Zip Code  
**DETROIT MI 48214**

FEC ID number of contributing federal political committee. **C C00002840**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 12 2015**

**Transaction ID : C10771624**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
**B. UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address **700 13TH STREET NW, SUITE 350**

City State Zip Code  
**WASHINGTON DC 20005**

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 30 2015**

**Transaction ID : C10795588**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
**C. UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE (UNITED ASSOCIATION OF JOURNEYMEN AND APP**

Mailing Address **THREE PARK PLACE**

City State Zip Code  
**ANNAPOLIS MD 21401**

FEC ID number of contributing federal political committee. **C C00012476**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 30 2015**

**Transaction ID : C10801706**

Amount of Each Receipt this Period  
**5000.00**

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

**7000.00**

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

**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 75 OF 132
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Mailing Address **1775 K STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00002766**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 22 / 2015**

**Transaction ID : C10785579**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **1101 PENNSYLVANIA AVE, NW  
10TH FLOOR**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 28 / 2015**

**Transaction ID : C10796217**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **1101 PENNSYLVANIA AVE, NW  
10TH FLOOR**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C10795988**

Amount of Each Receipt this Period  
**1000.00**

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

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

**4500.00**

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

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

FOR LINE NUMBER: PAGE 76 OF 132  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

A. Full Name (Last, First, Middle Initial)  
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430  
 City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

Transaction ID : C10800944

Amount of Each Receipt this Period  
 2500.00

B. Full Name (Last, First, Middle Initial)  
XCEL ENERGY EMPLOYEE POLITICAL ACTION COMMITTEE (XPAC)

Mailing Address 1800 LARIMER STREET, SUITE 1600  
 City DENVER State CO Zip Code 80202

FEC ID number of contributing federal political committee. **C** C00107771

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

Transaction ID : C10795634

Amount of Each Receipt this Period  
 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	114900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. 1-800-Flowers.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 10 / 2015</b>
Mailing Address <b>One Old Country Rd, Suite 500</b>		Amount of Each Disbursement this Period <b>128.69</b> Transaction ID : <b>D769118</b>
City <b>Carle Place</b> State <b>NY</b> Zip Code <b>11514</b>	Category/Type	
Purpose of Disbursement <b>Flowers - Volunteer Recognition</b>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 30 / 2015</b>
Mailing Address <b>PO Box 382110</b>		Amount of Each Disbursement this Period <b>173.74</b> Transaction ID : <b>D768984</b>
City <b>Cambridge</b> State <b>MA</b> Zip Code <b>02238-2110</b>	Category/Type	
Purpose of Disbursement <b>Online Credit Card Processing Fee</b>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 05 / 2015</b>
Mailing Address <b>PO Box 382110</b>		Amount of Each Disbursement this Period <b>9.88</b> Transaction ID : <b>D768416</b>
City <b>Cambridge</b> State <b>MA</b> Zip Code <b>02238-2110</b>	Category/Type	
Purpose of Disbursement <b>Online Credit Card Processing Fee</b>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>312.31</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2015
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 5.77
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Online Credit Card Processing Fee	Transaction ID : D768417
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2015
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 1.52
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Online Credit Card Processing Fee	Transaction ID : D768418
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2015
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.60
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Online Credit Card Processing Fee	Transaction ID : D768419
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 1.01 <b>Transaction ID : D768420</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Online Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2015
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 1.33 <b>Transaction ID : D768421</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Online Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.24 <b>Transaction ID : D768422</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Online Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2015
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.60 <b>Transaction ID : D768423</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Online Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2015
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.87 <b>Transaction ID : D768424</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Online Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2015
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.30 <b>Transaction ID : D768425</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Online Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1.77
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2015
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 63.12
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Online Credit Card Processing Fee	Transaction ID : D768426
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Advanced Network Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 236 Massachusetts Ave NE Ste 603		Amount of Each Disbursement this Period 8250.00
City Washington	State DC	
Zip Code 20002-4971	Purpose of Disbursement Consultant - Fundraising	Transaction ID : D768435
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Allsup's Convenience Store</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address 650 Cerrillos Rd		Amount of Each Disbursement this Period 25.23
City Santa Fe	State NM	
Zip Code 87505	Purpose of Disbursement Travel - Gas	Transaction ID : D769069
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8338.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 132		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2015
Mailing Address PO Box 200025		Amount of Each Disbursement this Period 140.10 <b>Transaction ID : D769137</b>
City El Paso	State TX	
Zip Code 88520-0025	Purpose of Disbursement Travel - Airline Ticket	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. American Self Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 720 Candelaria NE		Amount of Each Disbursement this Period 145.00 <b>Transaction ID : D768980</b>
City Albuquerque	State NM	
Zip Code 87107	Purpose of Disbursement Storage Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. American Self Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 720 Candelaria NE		Amount of Each Disbursement this Period 145.00 <b>Transaction ID : D768981</b>
City Albuquerque	State NM	
Zip Code 87107	Purpose of Disbursement Storage Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	430.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. American Self Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 720 Candelaria NE		Amount of Each Disbursement this Period 9,999,999.99 145.00
City Albuquerque	State NM	
Zip Code 87107	Purpose of Disbursement Storage Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Art and Soul Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 415 new Jersey Ave NW		Amount of Each Disbursement this Period 9,999,999.99 105.28
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Food - Constituent Meeting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. AT&amp;T Store</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address Longworth Building, Space 224		Amount of Each Disbursement this Period 9,999,999.99 687.36
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Cell Phone & Accessories	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	937.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Authorize.Net</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address PO Box 8999		Amount of Each Disbursement this Period 17.95 <b>Transaction ID : D768982</b>
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Online Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Authorize.Net</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address PO Box 8999		Amount of Each Disbursement this Period 17.95 <b>Transaction ID : D768983</b>
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Online Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Authorize.Net</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address PO Box 8999		Amount of Each Disbursement this Period 17.95 <b>Transaction ID : D768961</b>
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Online Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	53.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 132		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. BJ Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2015
Mailing Address 10000 Coors Blvd.		Amount of Each Disbursement this Period 109.07
City Albuquerque	State NM	
Zip Code 87114	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D768991
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Black Dog Shredding, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 2808 Las Cruces NE		Amount of Each Disbursement this Period 58.95
City Albuquerque	State NM	
Zip Code 87110	Purpose of Disbursement Shredding	Transaction ID : D768463
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Blake's Lotaburger</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 799 EE. River Rd.		Amount of Each Disbursement this Period 10.13
City Belen	State NM	
Zip Code 87002	Purpose of Disbursement Travel - Food	Transaction ID : D769109
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	178.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 132			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Blimpie</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2015
Mailing Address DFW Airport 3200 East Airfield Dr		Amount of Each Disbursement this Period 7.55
City Dallas	State TX	
Zip Code 75261	Purpose of Disbursement Travel - Food	Transaction ID : D769130
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Blue State Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 62187 Collections Center Dr		Amount of Each Disbursement this Period 101.64
City Chicago	State IL	
Zip Code 60693	Purpose of Disbursement Monthly Licensing Fee	Transaction ID : D768462
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Blue State Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 62187 Collections Center Dr		Amount of Each Disbursement this Period 650.00
City Chicago	State IL	
Zip Code 60693	Purpose of Disbursement Monthly Licensing Fee	Transaction ID : D768466
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	759.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 132		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial)

**A. Capital Host**

Mailing Address Rayburn Office Bldg, Rm B-3398

City Washington State DC Zip Code 20515

Purpose of Disbursement Food - Constituent Meeting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement 09 / 13 / 2015

Amount of Each Disbursement this Period 61.85

Transaction ID : D769121

Full Name (Last, First, Middle Initial)

**B. Cibo Express Walkthrough Market**

Mailing Address Washington Reagan Airport

City Arlington State VA Zip Code 22202

Purpose of Disbursement Travel - Food

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement 07 / 23 / 2015

Amount of Each Disbursement this Period 10.44

Transaction ID : D768996

Full Name (Last, First, Middle Initial)

**C. City of Albuquerque Parking**

Mailing Address 600 2nd Street, NW  
Rm 510

City Albuquerque State NM Zip Code 87102

Purpose of Disbursement Parking

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement 08 / 13 / 2015

Amount of Each Disbursement this Period 2.00

Transaction ID : D769071

**SUBTOTAL** of Disbursements This Page (optional) ..... 74.29

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Congressional Liquor and Deli</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 404 First St SE		Amount of Each Disbursement this Period 16.54
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Event Food	Transaction ID : D769116
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cricket Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address 6209 Menaul Blvd NE		Amount of Each Disbursement this Period 25.00
City Albuquerque	State NM	
Zip Code 87110-3321	Purpose of Disbursement Campaign Cellphone	Transaction ID : D769105
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cricket Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 6209 Menaul Blvd NE		Amount of Each Disbursement this Period 25.00
City Albuquerque	State NM	
Zip Code 87110-3321	Purpose of Disbursement Campaign Cellphone	Transaction ID : D769106
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	66.54
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 132		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Cricket Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 6209 Menaul Blvd NE		Amount of Each Disbursement this Period 25.00
City Albuquerque	State NM Zip Code 87110-3321	
Purpose of Disbursement Campaign Cellphone	Category/Type	<b>Transaction ID : D768970</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Diamond ShamrockValero Corner Store #1216</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 5600 Edith Blvd NE		Amount of Each Disbursement this Period 7.75
City Albuquerque	State NM Zip Code 87107-5008	
Purpose of Disbursement Travel - gas	Category/Type	<b>Transaction ID : D768525</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Diner En Blanc - Albuquerque</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2015
Mailing Address 1 Garden Park Circle NW		Amount of Each Disbursement this Period 130.77
City Albuquerque	State NM Zip Code 87107	
Purpose of Disbursement Food at Event	Category/Type	<b>Transaction ID : D769098</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	163.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. EJS Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 2015 Dietz PL, NW		Amount of Each Disbursement this Period 4287.50
City Albuquerque	State NM Zip Code 87107	
Purpose of Disbursement Campaign & Financial Management Consulting		Transaction ID : D768464
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EJS Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 2015 Dietz PL, NW		Amount of Each Disbursement this Period 7847.50
City Albuquerque	State NM Zip Code 87107	
Purpose of Disbursement Campaign & Financial Management Consulting		Transaction ID : D768436
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EJS Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2015
Mailing Address 2015 Dietz PL, NW		Amount of Each Disbursement this Period 4287.50
City Albuquerque	State NM Zip Code 87107	
Purpose of Disbursement Campaign & Financial Management Consulting		Transaction ID : D768451
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16422.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 156 University Ave		Amount of Each Disbursement this Period 361.52 <b>Transaction ID : D768526</b>
City Palo Alto	State CA Zip Code 94301-1688	
Purpose of Disbursement Online advertising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 156 University Ave		Amount of Each Disbursement this Period 24.53 <b>Transaction ID : D768972</b>
City Palo Alto	State CA Zip Code 94301-1688	
Purpose of Disbursement Online Advertising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Facebook.com</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 156 University Ave		Amount of Each Disbursement this Period 1.99 <b>Transaction ID : D769108</b>
City Palo Alto	State CA Zip Code 94301-1688	
Purpose of Disbursement Online Advertising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	388.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. First Data USA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 976.13 <b>Transaction ID : D768977</b>
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Online Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Data USA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 1075.13 <b>Transaction ID : D768978</b>
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Online Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. First Data USA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 236.32 <b>Transaction ID : D768979</b>
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Online Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2287.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Flying Star Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2015
Mailing Address 723 Silver Ave SW		Amount of Each Disbursement this Period 11.22
City Albuquerque	State NM	
Zip Code 87102-3018	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D768966
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Flying Star Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address 723 Silver Ave SW		Amount of Each Disbursement this Period 30.76
City Albuquerque	State NM	
Zip Code 87102-3018	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D769107
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Flying Star Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 723 Silver Ave SW		Amount of Each Disbursement this Period 6.57
City Albuquerque	State NM	
Zip Code 87102-3018	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D769122
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	48.55
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Flying Star Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 723 Silver Ave SW		Amount of Each Disbursement this Period 13.04
City Albuquerque	State NM	
Zip Code 87102-3018	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D769123
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Flying Star Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 723 Silver Ave SW		Amount of Each Disbursement this Period 12.11
City Albuquerque	State NM	
Zip Code 87102-3018	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D769124
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Google, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address Department No 33654 PO Box 39000		Amount of Each Disbursement this Period 2.11
City San Francisco	State CA	
Zip Code 94139	Purpose of Disbursement Online Storage Fee	Transaction ID : D769102
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Google, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address Department No 33654 PO Box 39000		Amount of Each Disbursement this Period 2.11
City San Francisco	State CA Zip Code 94139	
Purpose of Disbursement Online Storage Fee	Category/Type	Transaction ID : D769103
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address Department No 33654 PO Box 39000		Amount of Each Disbursement this Period 2.11
City San Francisco	State CA Zip Code 94139	
Purpose of Disbursement Online Storage Fee	Category/Type	Transaction ID : D768967
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Greetings, Etc!</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 2505 Commercial St NE		Amount of Each Disbursement this Period 119.15
City Albuquerque	State NM Zip Code 87102-1121	
Purpose of Disbursement Printing	Category/Type	Transaction ID : D769127
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	123.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Harris Teeter</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 1350 Potomac Ave SE		Amount of Each Disbursement this Period 31.60
City Washington State DC Zip Code 20003-4426	Purpose of Disbursement Event Food	
Candidate Name	Category/Type	Transaction ID : D769119
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Harris Teeter</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 1350 Potomac Ave SE		Amount of Each Disbursement this Period 25.05
City Washington State DC Zip Code 20003-4426	Purpose of Disbursement Food - Constituent Meeting	
Candidate Name	Category/Type	Transaction ID : D769140
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Harry's Reserve</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 909 New Jersey Ave SE		Amount of Each Disbursement this Period 18.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Event Food	
Candidate Name	Category/Type	Transaction ID : D769117
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	75.18
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address 5338 Montgomery Blvd NE		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : D769099</b>
City Albuquerque	State NM Zip Code 87109-1338	
Purpose of Disbursement Payroll Taxes	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 5338 Montgomery Blvd NE		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : D769125</b>
City Albuquerque	State NM Zip Code 87109-1338	
Purpose of Disbursement Payroll Taxes	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 5338 Montgomery Blvd NE		Amount of Each Disbursement this Period 2184.00 <b>Transaction ID : D768965</b>
City Albuquerque	State NM Zip Code 87109-1338	
Purpose of Disbursement Payroll Taxes	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4784.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 132		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 5338 Montgomery Blvd NE		Amount of Each Disbursement this Period 750.23 <b>Transaction ID : D768452</b>
City Albuquerque	State NM	
Zip Code 87109-1338	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Intuit Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 21215 Burbank Blvd		Amount of Each Disbursement this Period 12.95 <b>Transaction ID : D768975</b>
City Woodland Hills	State CA	
Zip Code 91367-6607	Purpose of Disbursement Online Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Intuit Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 21215 Burbank Blvd		Amount of Each Disbursement this Period 12.95 <b>Transaction ID : D768959</b>
City Woodland Hills	State CA	
Zip Code 91367-6607	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	776.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Intuit Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 21215 Burbank Blvd		Amount of Each Disbursement this Period 12.95
City Woodland Hills	State CA	
Zip Code 91367-6607	Purpose of Disbursement Online Credit Card Processing Fee	Transaction ID : D769110
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jasmine Zamani</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 7240 Evans Mill Rd		Amount of Each Disbursement this Period 8250.00
City McLean	State VA	
Zip Code 22101-3422	Purpose of Disbursement Consultant - Fundraising	Transaction ID : D768433
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jennifer Thompson Designs</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 1301 7th St NW		Amount of Each Disbursement this Period 117.70
City Albuquerque	State NM	
Zip Code 87102	Purpose of Disbursement Flowers - Volunteer Appreciation	Transaction ID : D768997
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8380.65
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 132	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. JetBlue Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 6322 South 3000 East Suite G10		Amount of Each Disbursement this Period 373.99
City Salt Lake City	State UT Zip Code 84121	
Purpose of Disbursement Travel - Airline Ticket	Category/Type	<b>Transaction ID : D769135</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. La Fonda on the Plaza</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2015
Mailing Address 100 E. San Francisco St.		Amount of Each Disbursement this Period 448.57
City Santa Fe	State NM Zip Code 87501	
Purpose of Disbursement Travel - Lodging	Category/Type	<b>Transaction ID : D769066</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. National Democratic CLub</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 194.75
City Washington	State DC Zip Code 20003-4006	
Purpose of Disbursement Food - Constituent Meetings	Category/Type	<b>Transaction ID : D769100</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1017.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. National Democratic CLub</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 30 Ivy St SE			Amount of Each Disbursement this Period 91.50
City Washington	State DC	Zip Code 20003-4006	
Purpose of Disbursement Food - Constituent Meetings		Candidate Name	Transaction ID : D769126
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. National Democratic CLub</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 30 Ivy St SE			Amount of Each Disbursement this Period 117.00
City Washington	State DC	Zip Code 20003-4006	
Purpose of Disbursement Food - Constituent Meetings		Candidate Name	Transaction ID : D768969
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. National Hispanic Cultural Center Foundation</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 1701 4th Street SW			Amount of Each Disbursement this Period 350.00
City Albuquerque	State NM	Zip Code 87102	
Purpose of Disbursement Event Tickets		Candidate Name	Transaction ID : D769112
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	558.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Sheila A Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 2828 Butch Cassidy Dr SW		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : D768440</b>
City Albuquerque	State NM Zip Code 87121-5013	
Purpose of Disbursement Research and Database Support		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sheila A Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 2828 Butch Cassidy Dr SW		Amount of Each Disbursement this Period 117.71 <b>Transaction ID : D768441</b>
City Albuquerque	State NM Zip Code 87121-5013	
Purpose of Disbursement Reimburse Mileage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sheila A Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 2828 Butch Cassidy Dr SW		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : D768455</b>
City Albuquerque	State NM Zip Code 87121-5013	
Purpose of Disbursement Research and Database Support		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1517.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Sheila A Nelson</b>			Date of Disbursement M M / D D / Y Y Y Y <b>08 / 31 / 2015</b>
Mailing Address <b>2828 Butch Cassidy Dr SW</b>			Amount of Each Disbursement this Period <b>24.14</b>
City <b>Albuquerque</b>	State <b>NM</b>	Zip Code <b>87121-5013</b>	
Purpose of Disbursement <b>Mileage Reimbursement</b>		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <b>2016</b>		Transaction ID : <b>D768456</b>	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Sheila A Nelson</b>			Date of Disbursement M M / D D / Y Y Y Y <b>07 / 01 / 2015</b>
Mailing Address <b>2828 Butch Cassidy Dr SW</b>			Amount of Each Disbursement this Period <b>700.00</b>
City <b>Albuquerque</b>	State <b>NM</b>	Zip Code <b>87121-5013</b>	
Purpose of Disbursement <b>Research and Database Support</b>		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <b>2016</b>		Transaction ID : <b>D768427</b>	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Sheila A Nelson</b>			Date of Disbursement M M / D D / Y Y Y Y <b>07 / 01 / 2015</b>
Mailing Address <b>2828 Butch Cassidy Dr SW</b>			Amount of Each Disbursement this Period <b>117.71</b>
City <b>Albuquerque</b>	State <b>NM</b>	Zip Code <b>87121-5013</b>	
Purpose of Disbursement <b>Mileage Reimbursement</b>		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <b>2016</b>		Transaction ID : <b>D768428</b>	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>841.85</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. New Mexico Dept of Workforce Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address PO Box 2281		Amount of Each Disbursement this Period 537.60 <b>Transaction ID : D768971</b>
City Albuquerque	State NM	
Zip Code 87103-2281	Purpose of Disbursement Payroll Taxes - Unemployment	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. New Mexico Taxation &amp; Revenue Dept</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address PO Box 25127		Amount of Each Disbursement this Period 226.80 <b>Transaction ID : D768968</b>
City Santa Fe	State NM	
Zip Code 87504-5127	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. New Mexico Taxation &amp; Revenue Dept</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address PO Box 25127		Amount of Each Disbursement this Period 135.00 <b>Transaction ID : D768958</b>
City Santa Fe	State NM	
Zip Code 87504-5127	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	899.40
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. New Mexico Taxation &amp; Revenue Dept</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 20 / 2015</b>
Mailing Address <b>PO Box 25127</b>		Amount of Each Disbursement this Period <b>135.00</b>
City <b>Santa Fe</b> State <b>NM</b> Zip Code <b>87504-5127</b>	Purpose of Disbursement <b>Payroll Taxes</b>	
Candidate Name	Category/Type	<b>Transaction ID : D769101</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Mexico Taxation &amp; Revenue Dept</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 27 / 2015</b>
Mailing Address <b>PO Box 25127</b>		Amount of Each Disbursement this Period <b>135.00</b>
City <b>Santa Fe</b> State <b>NM</b> Zip Code <b>87504-5127</b>	Purpose of Disbursement <b>Payroll Taxes</b>	
Candidate Name	Category/Type	<b>Transaction ID : D769138</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NGP VAN Inc</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 25 / 2015</b>
Mailing Address <b>1101 15th St NW Ste 500</b>		Amount of Each Disbursement this Period <b>2550.00</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20005-5006</b>	Purpose of Disbursement <b>Database, Online contribution fee, broadcast email fee</b>	
Candidate Name	Category/Type	<b>Transaction ID : D768453</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2820.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Oak St. Beach Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address Chicago Midway Airport		Amount of Each Disbursement this Period 8.57
City Chicago	State IL Zip Code 60638	
Purpose of Disbursement Travel - Food	Candidate Name	Transaction ID : D768995
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Olive &amp; Cocoa</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 3030 Directors Row		Amount of Each Disbursement this Period 116.00
City Salt Lake City	State UT Zip Code 84104	
Purpose of Disbursement Staff Appreciation Gift	Candidate Name	Transaction ID : D769141
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Palms Trading Company</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015
Mailing Address 1504 Lomas Blvd NW		Amount of Each Disbursement this Period 54.67
City Albuquerque	State NM Zip Code 87104-1238	
Purpose of Disbursement Host Recognition Gifts	Candidate Name	Transaction ID : D769115
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	179.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 132	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Palms Trading Company</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2015	
Mailing Address 1504 Lomas Blvd NW			Amount of Each Disbursement this Period 97.27	
City Albuquerque	State NM	Zip Code 87104-1238	Transaction ID : D769075	
Purpose of Disbursement Host Recognition Gifts		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Palomar Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015	
Mailing Address 2121 P Street NW			Amount of Each Disbursement this Period 273.66	
City Washington	State DC	Zip Code 20037	Transaction ID : D769120	
Purpose of Disbursement Lodging		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. PhoneTag</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015	
Mailing Address 3099 N 1st St			Amount of Each Disbursement this Period 29.95	
City San Jose	State CA	Zip Code 95134-2006	Transaction ID : D769114	
Purpose of Disbursement Voicemail Service		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	400.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. PhoneTag</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 3099 N 1st St		Amount of Each Disbursement this Period 29.95
City San Jose State CA Zip Code 95134-2006	Purpose of Disbursement Voicemail Service	
Candidate Name	Category/Type	Transaction ID : D768962
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PhoneTag</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 3099 N 1st St		Amount of Each Disbursement this Period 29.95
City San Jose State CA Zip Code 95134-2006	Purpose of Disbursement Voicemail Service	
Candidate Name	Category/Type	Transaction ID : D768973
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Pizzeria Farina</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 510 Central Ave SE		Amount of Each Disbursement this Period 41.34
City Albuquerque State NM Zip Code 87102-3520	Purpose of Disbursement Food - Constituent Meeting	
Candidate Name	Category/Type	Transaction ID : D769111
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	101.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 132	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Proof</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 775 G St NW		Amount of Each Disbursement this Period 72.20
City Washington	State DC	
Zip Code 20001-3727	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D768964
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Revolution Messaging, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 1730 Rhode Island Ave NW		Amount of Each Disbursement this Period 10000.00
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Advertising Aquisition	Transaction ID : D768460
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Revolution Messaging, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 1730 Rhode Island Ave NW		Amount of Each Disbursement this Period 2258.00
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Email Management	Transaction ID : D768461
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12330.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Satellite Coffee</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 1131 University Blvd NE		Amount of Each Disbursement this Period 7.68
City Albuquerque	State NM	
Zip Code 87102	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D769113
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Catherine Sherwood</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 1509 Archuleta Dr NE		Amount of Each Disbursement this Period 1500.00
City Albuquerque	State NM	
Zip Code 87112-6375	Purpose of Disbursement Communications Consultant	Transaction ID : D768445
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Catherine Sherwood</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 1509 Archuleta Dr NE		Amount of Each Disbursement this Period 1500.00
City Albuquerque	State NM	
Zip Code 87112-6375	Purpose of Disbursement Communications Consultant	Transaction ID : D768431
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3007.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Starbucks #7610</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2015
Mailing Address 237 Pennsylvania Ave SE		Amount of Each Disbursement this Period 14.80
City Washington State DC Zip Code 20002	Purpose of Disbursement Food - Constituent Meeting	
Candidate Name	Category/Type	Transaction ID : D769128
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tabard Inn Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1739 N Street NW		Amount of Each Disbursement this Period 77.00
City Washington State DC Zip Code 20036	Purpose of Disbursement Food - Constituent Meeting	
Candidate Name	Category/Type	Transaction ID : D769134
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Target Store</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 8710 Montgomery Blvd NE		Amount of Each Disbursement this Period 32.12
City Albuquerque State NM Zip Code 87111-2308	Purpose of Disbursement Event Supplies	
Candidate Name	Category/Type	Transaction ID : D769104
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	123.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. The Fruteria</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2015
Mailing Address 2800 N. Terminal Rd		Amount of Each Disbursement this Period 31.29
City Houston	State TX	
Zip Code 77032	Purpose of Disbursement Travel - Food	Transaction ID : D769131
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Garden Grille &amp; Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 7010 Padre Blvd		Amount of Each Disbursement this Period 3.17
City South Padre Island	State TX	
Zip Code 78597	Purpose of Disbursement Travel - Food	Transaction ID : D769133
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Topgolf</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address 6625 S. Van Dorn St		Amount of Each Disbursement this Period 796.08
City Alexandria	State VA	
Zip Code 22315	Purpose of Disbursement Event Food & Fees	Transaction ID : D768994
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	830.54
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A. U Mix Cafe & Juice Bar**

Full Name (Last, First, Middle Initial)  
Mailing Address 1805 E Ruben M Torres Sr Blvd A10

City Brownsville State TX Zip Code 78526

Purpose of Disbursement  
Travel - Food

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 20 / 2015

Amount of Each Disbursement this Period: 14.71

Transaction ID : D769132

**B. Uber Technologies, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 182 Howard St

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement  
Taxi Fare

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 27 / 2015

Amount of Each Disbursement this Period: 14.13

Transaction ID : D769136

**C. United States Postal Service**

Full Name (Last, First, Middle Initial)  
Mailing Address 111 Alvarado Dr SE

City Albuquerque State NM Zip Code 87108-3496

Purpose of Disbursement  
Stamps

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 30 / 2015

Amount of Each Disbursement this Period: 490.00

Transaction ID : D769143

**SUBTOTAL** of Disbursements This Page (optional) ..... 518.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Utrecht, Kleinfeld, Fiori, Zeglis &amp; Partners</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 1900 M St NW Ste 500			Amount of Each Disbursement this Period 14429.32 <b>Transaction ID : D768470</b>
City Washington	State DC	Zip Code 20036-3522	
Purpose of Disbursement Legal Services		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Vinaigrette</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 1828 Central Ave SW			Amount of Each Disbursement this Period 67.50 <b>Transaction ID : D768992</b>
City Albuquerque	State NM	Zip Code 87104	
Purpose of Disbursement Food - Constituent Meeting		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Vintage 423</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2015
Mailing Address 8000 Paseo Del Norte			Amount of Each Disbursement this Period 61.36 <b>Transaction ID : D768963</b>
City Albuquerque	State NM	Zip Code 87122	
Purpose of Disbursement Food - Constituent Meeting		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14558.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. We, The Pizza</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015	
Mailing Address 305 Pennsylvania SE			Amount of Each Disbursement this Period 4002.12	
City Washington	State DC	Zip Code 20003	Transaction ID : D769139	
Purpose of Disbursement Food - Constituent Meeting		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Stefanie Weber</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015	
Mailing Address PO Box 35268			Amount of Each Disbursement this Period 1973.75	
City Albuquerque	State NM	Zip Code 87176-5268	Transaction ID : D768444	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Stefanie Weber</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015	
Mailing Address PO Box 35268			Amount of Each Disbursement this Period 1973.75	
City Albuquerque	State NM	Zip Code 87176-5268	Transaction ID : D768465	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4002.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Stefanie Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address PO Box 35268		Amount of Each Disbursement this Period 1973.75 <b>Transaction ID : D768459</b>
City Albuquerque	State NM Zip Code 87176-5268	
Purpose of Disbursement Salary	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stefanie Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address PO Box 35268		Amount of Each Disbursement this Period 1973.75 <b>Transaction ID : D768430</b>
City Albuquerque	State NM Zip Code 87176-5268	
Purpose of Disbursement Salary	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stefanie Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015
Mailing Address PO Box 35268		Amount of Each Disbursement this Period 1973.75 <b>Transaction ID : D768454</b>
City Albuquerque	State NM Zip Code 87176-5268	
Purpose of Disbursement Salary	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5921.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Stefanie Weber</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015	
Mailing Address PO Box 35268			Amount of Each Disbursement this Period 1973.75	
City Albuquerque	State NM	Zip Code 87176-5268	Transaction ID : D769416	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Catherine Sherwood</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015	
Mailing Address 1509 Archuleta Dr NE			Amount of Each Disbursement this Period 214.30	
City Albuquerque	State NM	Zip Code 87112-6375	Transaction ID : D768432	
Purpose of Disbursement Reimburse Event Food and Supplies, See Below		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Costco</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015	
Mailing Address 500 Eubank Blvd SE			Amount of Each Disbursement this Period 163.00	
City Albuquerque	State NM	Zip Code 87123-3338	Transaction ID : D768999	
Purpose of Disbursement Event Food and Supplies		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2188.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Party City</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015	
Mailing Address 10254 Coors Byp NW			Amount of Each Disbursement this Period 8.55	
City Albuquerque	State NM	Zip Code 87114-5725	Transaction ID : D768998 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Event Supplies		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Peoples Flowers</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015	
Mailing Address 3520 Candelaria Rd NE			Amount of Each Disbursement this Period 42.75	
City Albuquerque	State NM	Zip Code 87107-1912	Transaction ID : D769000 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Event Supplies		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Jasmine Zamani</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015	
Mailing Address 7240 Evans Mill Rd			Amount of Each Disbursement this Period 1344.44	
City McLean	State VA	Zip Code 22101-3422	Transaction ID : D768434	
Purpose of Disbursement Reimburse Event Food, Shipping, See Below		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1344.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Acqua AI 2</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 212 7th St SE		Amount of Each Disbursement this Period 810.55
City Washington	State DC	
Zip Code 20003-4311	Purpose of Disbursement Event Food	Transaction ID : D769158 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Parcel Plus</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 1390 Chain Bridge Rd		Amount of Each Disbursement this Period 39.10
City Mc Lean	State VA	
Zip Code 22101-3904	Purpose of Disbursement FedEx Shipping	Transaction ID : D769163 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Safeway</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 490 L Street NW		Amount of Each Disbursement this Period 198.43
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Event Food	Transaction ID : D769161 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Sprinkles Cupcakes</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 3015 M Street NW		Amount of Each Disbursement this Period 204.00
City Washington	State DC	
Zip Code 20007	Purpose of Disbursement Event Food	Transaction ID : D769162
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Starbucks #7610</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 237 Pennsylvania Ave SE		Amount of Each Disbursement this Period 50.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Event Food	Transaction ID : D769159
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Total Wine &amp; More</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 6240 Little River Turnpike		Amount of Each Disbursement this Period 42.36
City Alexandria	State VA	
Zip Code 22312	Purpose of Disbursement Event Food	Transaction ID : D769160
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 132			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Stefanie Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address PO Box 35268		Amount of Each Disbursement this Period 553.20 <b>Transaction ID : D768437</b>
City Albuquerque	State NM	
Purpose of Disbursement Reimburse Travel, See Below		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Delta Air Lines</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 553.20 <b>Transaction ID : D768438</b> <b>[MEMO ITEM]</b>
City Atlanta	State GA	
Purpose of Disbursement Airline Ticket		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Catherine Sherwood</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 1509 Archuleta Dr NE		Amount of Each Disbursement this Period 136.50 <b>Transaction ID : D768446</b>
City Albuquerque	State NM	
Purpose of Disbursement Reimbursement for Stock Photos		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	689.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Dreamstime.com</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 1616 Westgate Circle		Amount of Each Disbursement this Period 136.50
City Brentwood	State TN	
Zip Code 37027		[MEMO ITEM]
Purpose of Disbursement Stock Photo Subscription	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jasmine Zamani</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 7240 Evans Mill Rd		Amount of Each Disbursement this Period 1846.00
City McLean	State VA	
Zip Code 22101-3422		[MEMO ITEM]
Purpose of Disbursement Reimburse Event Food and Fees, See Below	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Acqua AI 2</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 212 7th St SE		Amount of Each Disbursement this Period 1846.00
City Washington	State DC	
Zip Code 20003-4311		[MEMO ITEM]
Purpose of Disbursement Event Food and Fees	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1846.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 132			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Hon. Michelle Lujan Grisham</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2015
Mailing Address 1001 Los Arboles Ave NW		Amount of Each Disbursement this Period 252.89
City Albuquerque	State NM	
Zip Code 87107-1141	Purpose of Disbursement Reimburse for Event/Travel Food, Parking, Gift, See Below	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chili's Grill &amp; Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2015
Mailing Address Dallas-Love Field Airport		Amount of Each Disbursement this Period 19.19
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Travel - Food	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cocina Azul</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2015
Mailing Address 1134 Mountain NW		Amount of Each Disbursement this Period 33.81
City Albuquerque	State NM	
Zip Code 87102	Purpose of Disbursement Food - Constituent Meeting	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	252.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 132	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Colonial Parking</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2015
Mailing Address 1625 Massachusetts Ave NW		Amount of Each Disbursement this Period 6.00
City Washington	State DC Zip Code 20036	
Purpose of Disbursement Parking	Category/Type	Transaction ID : D769148 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DC Dept of Transportation Parking</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2015
Mailing Address 55 M Street, SE, Suite 400		Amount of Each Disbursement this Period 1.20
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Parking	Category/Type	Transaction ID : D769155 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Flying Star Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2015
Mailing Address 723 Silver Ave SW		Amount of Each Disbursement this Period 66.68
City Albuquerque	State NM Zip Code 87102-3018	
Purpose of Disbursement Food - Constituent Meeting	Category/Type	Transaction ID : D769151 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 132	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Meridian Deli</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address Washington Reagan Airport		Amount of Each Disbursement this Period 14.44
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Travel - Food	Transaction ID : D769154 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nambe</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 8000 Paseo Del Norte, Suite B4		Amount of Each Disbursement this Period 29.75
City Albuquerque	State NM	
Zip Code 87122	Purpose of Disbursement Volunteer Appreciation Gift	Transaction ID : D769146 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Parking Management, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 1725 Desales St NW, #200		Amount of Each Disbursement this Period 11.00
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Parking	Transaction ID : D769149 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 132	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Phillips Seafood</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 15 / 2015</b>
Mailing Address <b>601 E. Pratt St</b>		Amount of Each Disbursement this Period <b>28.60</b>
City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21202</b>
Purpose of Disbursement <b>Travel - Food</b>	Category/Type	
Candidate Name	Transaction ID : <b>D769156</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sonoma Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 15 / 2015</b>
Mailing Address <b>223 Pennsylvania SE</b>		Amount of Each Disbursement this Period <b>6.60</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>
Purpose of Disbursement <b>Food - Constituent Meeting</b>	Category/Type	
Candidate Name	Transaction ID : <b>D769153</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Total Party</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 15 / 2015</b>
Mailing Address <b>4238 Wilson Blvd</b>		Amount of Each Disbursement this Period <b>35.62</b>
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22203</b>
Purpose of Disbursement <b>Event Supplies</b>	Category/Type	
Candidate Name	Transaction ID : <b>D769147</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 132		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Hon. Michelle Lujan Grisham</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 31 / 2015</b>
Mailing Address 1001 Los Arboles Ave NW		Amount of Each Disbursement this Period <b>73.88</b>
City State Zip Code Albuquerque NM 87107-1141	Purpose of Disbursement Reimburse Event Food	
Candidate Name	Category/Type	<b>Transaction ID : D768457</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Diner En Blanc - Albuquerque</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 31 / 2015</b>
Mailing Address 1 Garden Park Circle NW		Amount of Each Disbursement this Period <b>73.88</b>
City State Zip Code Albuquerque NM 87107	Purpose of Disbursement Event Ticets	
Candidate Name	Category/Type	<b>Transaction ID : D769157</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		<b>[MEMO ITEM]</b>

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>73.88</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>100663.26</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 132			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Resul Aksoy</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 1319 Kitty St		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : D769142</b>
City Stafford	State TX	
Purpose of Disbursement Refund Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Ms. Julianna D. Koob</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 1200 Columbia Dr NE		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D768429</b>
City Albuquerque	State NM	
Purpose of Disbursement Refund Duplicate Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	350.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 132	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Albuquerque Forward</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 16 / 2015</b>
Mailing Address <b>c/o Thomas Buckner PO Box 45318</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>Rio Rancho</b>	State <b>NM</b> Zip Code <b>87174</b>	
Purpose of Disbursement <b>Non-Federal PAC Contribution</b>		<b>Transaction ID : D768467</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. SCHNEIDER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 30 / 2015</b>
Mailing Address <b>PO BOX 1318</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>DEERFIELD</b>	State <b>IL</b> Zip Code <b>60015</b>	
Purpose of Disbursement <b>Federal Campaign Contribution</b>		<b>Transaction ID : D769144</b>
Candidate Name <b>BRADLEY SCOTT SCHNEIDER</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>IL</b>	District: <b>10</b>	

Full Name (Last, First, Middle Initial) <b>c. Congressional Women's Softball Game, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 13 / 2015</b>
Mailing Address <b>1514 D Street SE</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>Washington</b>	State <b>DC</b> Zip Code <b>20003</b>	
Purpose of Disbursement <b>Charitable Donation</b>		<b>Transaction ID : D765484</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 132	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 04 / 2015</b>
Mailing Address <b>430 S Capitol St SE FI 2</b>		Amount of Each Disbursement this Period <b>25000.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003-4024</b>
Purpose of Disbursement <b>Unlimited Transfer to Party Committee</b>		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D769417</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gary King 2010</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 03 / 2015</b>
Mailing Address <b>PO Box 40</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>Moriarty</b>	State <b>NM</b>	Zip Code <b>87035</b>
Purpose of Disbursement <b>Contribution to Retire Debt</b>		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D768443</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BARRAGAN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 30 / 2015</b>
Mailing Address <b>1840 SOUTH GAFFEY STREET #421</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>SAN PEDRO</b>	State <b>CA</b>	Zip Code <b>90731</b>
Purpose of Disbursement <b>Federal Campaign Contribution</b>		Category/ Type
Candidate Name <b>NANETTE BARRAGAN</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : D769145</b>
State: <b>CA</b> District: <b>44</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>30500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 132
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. New Mexico Appleseed</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 600 Central Ave SE		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D768442</b>
City Albuquerque	State NM	
Zip Code 87102	Purpose of Disbursement Charitable Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NM Special Olympics - Team Phoenix</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address c/o Rudy Zamora 2217 Raven Ln SW		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D768468</b>
City Albuquerque	State NM	
Zip Code 87105	Purpose of Disbursement Special Olympics Team Sponsorship	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NM State Junior Livestock Sales Association</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 703 Osuna Rd NE, Suite 6		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : D768469</b>
City Albuquerque	State NM	
Zip Code 87113	Purpose of Disbursement Charitable Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 132 OF 132	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Rotary Club of Albuquerque</b>			Date of Disbursement M M / D D / Y Y Y Y <b>09 / 02 / 2015</b>	
Mailing Address <b>3301 Menaul Blvd NE</b>			Amount of Each Disbursement this Period <b>150.00</b>	
City <b>Albuquerque</b>	State <b>NM</b>	Zip Code <b>87107</b>		
Purpose of Disbursement <b>Charitable Contribution to Nepal Shelters Fund</b>		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>35150.00</b>