

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 BJORN FOR CONGRESS

ADDRESS (number and street) PO BOX 9052 COLUMBIA SC 29290 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00612994 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT SC 02

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 11 / 08 / 2016 in the State of SC (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. MCLEAN, SUSAN, MARIE, MRS, Type or Print Name of Treasurer Signature of Treasurer MCLEAN, SUSAN, MARIE, MRS, [Electronically Filed] Date 10 / 24 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**BJORN FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	12780.02	62237.64
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	40.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	12780.02	62197.64
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	5896.74	53329.21
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5896.74	53329.21
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	8913.43	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	5000.00	

**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 05/2016)

Write or Type Committee Name

**BJORN FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2228.84	18984.75
(ii) Unitemized .....	3526.13	25350.74
(iii) TOTAL of contributions from individuals .....	5754.97	44335.49
(b) Political Party Committees.....	6500.00	11500.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	525.05	6402.15
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	12780.02	62237.64
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	100.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	12780.02	62337.64

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5896.74	53329.21
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	40.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	40.00
21. OTHER DISBURSEMENTS .....	0.00	55.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	5896.74	53424.21

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2030.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12780.02
25. SUBTOTAL (add Line 23 and Line 24).....	14810.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5896.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8913.43

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

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

FOR LINE NUMBER: PAGE 5 OF 17  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**BJORN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ANDREWS, STUART & ARLENE, , ,**  
 Mailing Address 120 MIDDLEFIELD LANE  
 City BLYTHEWOOD State SC Zip Code 29016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 668.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.5284**  
 Amount of Each Receipt this Period  
 368.84  
 Memo Item  
 In-kind - fundraising event

**B.** Full Name (Last, First, Middle Initial)  
**BELL, MYRON, , ,**  
 Mailing Address 517 OAK BROOK DR  
 City COLUMBIA State SC Zip Code 29223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PALMETTO HEALTH Occupation PHYSICIAN  
 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  
 10 / 02 / 2016  
**Transaction ID : SA11AI.5194**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 ACTBLUE

**C.** Full Name (Last, First, Middle Initial)  
**BILLINGS, DEBORAH, , ,**  
 Mailing Address 2931 BLOSSOM ST  
 City COLUMBIA State SC Zip Code 29205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHOOSE WELL Occupation DIRECTOR  
 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  
 10 / 08 / 2016  
**Transaction ID : SA11AI.5196**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 ACTBLUE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1368.84  
**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 6 OF 17	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**BJORN FOR CONGRESS**

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

Mailing Address 24 STONE MARKET RD

City COLUMBIA	State SC	Zip Code 29212
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FEC ID number of contributing federal political committee. **C**

Name of Employer RESEARCH ANALYST	Occupation UNIVERSITY OF SOUTH CAROLINA
--------------------------------------	--

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1015.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : SA11AI.5280**

Amount of Each Receipt this Period  
10.00

Memo Item  
In-kind - gas for putting up signs

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

Mailing Address 2209 QUAIL HOLLOW CT

City WEST COLUMBIA	State SC	Zip Code 29169
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FEC ID number of contributing federal political committee. **C**

Name of Employer THE PROFESSIONAL EDUCATION GRO	Occupation PRESIDENT
--	-------------------------

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  
10 / 14 / 2016

**Transaction ID : SA11AI.5230**

Amount of Each Receipt this Period  
250.00

Memo Item  
ACTBLUE

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

Mailing Address 1306 SILVER POINT RD

City CHAPIN	State SC	Zip Code 29036
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FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED	Occupation NONE
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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  
10 / 08 / 2016

**Transaction ID : SA11AI.5232**

Amount of Each Receipt this Period  
100.00

Memo Item  
ACTBLUE

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	360.00
<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: PAGE 7 OF 17  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**BJORN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MANNING, CORY, E, ,**  
Mailing Address 2807 DUNCAN ST

City COLUMBIA State SC Zip Code 29205

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

Name of Employer NELSON MULLINS Occupation LAWYER

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  
10 / 14 / 2016

Transaction ID : SA11AI.5158

Amount of Each Receipt this Period  
250.00

Memo Item  
CHECK

**B.** Full Name (Last, First, Middle Initial)  
**NIMMICH, MITCHELL, , ,**  
Mailing Address 216 SHOAL WOOD DR

City LEXINGTON State SC Zip Code 29072

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

Name of Employer LEXINGTON MEDICAL CENTER Occupation physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 08 / 2016

Transaction ID : SA11AI.5237

Amount of Each Receipt this Period  
100.00

Memo Item  
ACTBLUE

**C.** Full Name (Last, First, Middle Initial)  
**RANDALL, MICHAEL, , ,**  
Mailing Address 313 RIVER WALK DR

City SIMPSONVILLE State SC Zip Code 29681

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

Name of Employer ALMEGACY LLC Occupation VP CONSULTIN

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  
10 / 09 / 2016

Transaction ID : SA11AI.5243

Amount of Each Receipt this Period  
150.00

Memo Item  
ACTBLUE

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2228.84

**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 17  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**BJORN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
D.R.I.V.E. - DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION (THE PAC OF THE INTERNATION

Mailing Address 25 LOUISIANA AVE., NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer	Occupation
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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  
10 / 18 / 2016

Transaction ID : SA11B.5182

Amount of Each Receipt this Period  
5000.00

Memo Item  
CHECK

**B.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL UNION OF PAINTERS & ALLIED TRADES LEGISLATIVE EDUCATIONAL COMMITTEE

Mailing Address 7234 PARKWAY DRIVE

City HANOVER	State MD	Zip Code 21076
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FEC ID number of contributing federal political committee. **C** C90013582

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  
10 / 03 / 2016

Transaction ID : SA11B.5180

Amount of Each Receipt this Period  
500.00

Memo Item  
CHECK

**C.** 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
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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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11B.5184

Amount of Each Receipt this Period  
1000.00

Memo Item  
CHECK

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	6500.00
<b>TOTAL</b> 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: (check only one)		PAGE 9 OF 17	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**BJORN FOR CONGRESS**

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

Mailing Address PO BOX 9052

City COLUMBIA	State SC	Zip Code 29290
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FEC ID number of contributing federal political committee. **C** H6SC02100

Name of Employer RICHLAND COUNTY PUBLIC LIBRARY	Occupation LIBRARIAN
--	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.01

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2016

**Transaction ID : SA11D.5276**

Amount of Each Receipt this Period  
25.00

Memo Item  
In-kind - TSHIRT FOR ALZHEIMER EVENT

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

Mailing Address PO BOX 9052

City COLUMBIA	State SC	Zip Code 29290
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FEC ID number of contributing federal political committee. **C** H6SC02100

Name of Employer RICHLAND COUNTY PUBLIC LIBRARY	Occupation LIBRARIAN
--	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.06

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : SA11D.5278**

Amount of Each Receipt this Period  
500.05

Memo Item  
In-kind - FACEBOOK ADS

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	525.05
<b>TOTAL</b> This Period (last page this line number only)..... ▶	525.05

**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 10 OF 17	
	<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)  
**BJORN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016	
Mailing Address P.O. BOX 441146			FEC Identification Number C C00612994	
City SOMERVILLE	State MA	Zip Code 02144	Amount of Each Disbursement this Period 26.47	
Purpose of Disbursement FEES		Category/ Type 001	Transaction ID : SB17.5273	
Candidate Name <b>BJORN FOR CONGRESS</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: SC District: 02				

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2016	
Mailing Address P.O. BOX 441146			FEC Identification Number C C00612994	
City SOMERVILLE	State MA	Zip Code 02144	Amount of Each Disbursement this Period 46.17	
Purpose of Disbursement FEES		Category/ Type 001	Transaction ID : SB17.5274	
Candidate Name <b>BJORN FOR CONGRESS</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: SC District: 02				

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2016	
Mailing Address P.O. BOX 441146			FEC Identification Number C C00612994	
City SOMERVILLE	State MA	Zip Code 02144	Amount of Each Disbursement this Period 35.50	
Purpose of Disbursement FEES		Category/ Type 001	Transaction ID : SB17.5275	
Candidate Name <b>BJORN FOR CONGRESS</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: SC District: 02				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	108.14
<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 11 OF 17	
	<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)  
**BJORN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ANDREWS, STUART &amp; ARLENE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2016	
Mailing Address 120 MIDDLEFIELD LANE			FEC Identification Number C	
City BLYTHEWOOD	State SC	Zip Code 29016	Amount of Each Disbursement this Period 368.84	
Purpose of Disbursement In-kind - fundraising event			Transaction ID : SB17.5285	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BJORN, ARIK, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2016	
Mailing Address PO BOX 9052			FEC Identification Number C H6SC02100	
City COLUMBIA	State SC	Zip Code 29290	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement In-kind - TSHIRT FOR ALZHEIMER EVENT			Transaction ID : SB17.5277	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: SC District: 02				

Full Name (Last, First, Middle Initial) <b>C. BJORN, ARIK, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2016	
Mailing Address PO BOX 9052			FEC Identification Number C H6SC02100	
City COLUMBIA	State SC	Zip Code 29290	Amount of Each Disbursement this Period 500.05	
Purpose of Disbursement In-kind - FACEBOOK ADS			Transaction ID : SB17.5279	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: SC District: 02				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	893.89
<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 12 OF 17	
	<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)  
**BJORN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EDGAR, MICHELLE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2016	
Mailing Address 24 STONE MARKET RD			FEC Identification Number C	
City COLUMBIA	State SC	Zip Code 29212	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement In-kind - gas for putting up signs		Category/ Type	Transaction ID : SB17.5282	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. REGAL PRINTS, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016	
Mailing Address 101 RICE BENT WAY #7			FEC Identification Number C C00612994	
City COLUMBIA	State SC	Zip Code 29229	Amount of Each Disbursement this Period 507.11	
Purpose of Disbursement SIGNS		Category/ Type 004	Transaction ID : SB17.5262	
Candidate Name <b>BJORN FOR CONGRESS</b>		<input type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: SC District: 02				

Full Name (Last, First, Middle Initial) <b>C. REGAL PRINTS, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016	
Mailing Address 101 RICE BENT WAY #7			FEC Identification Number C C00612994	
City COLUMBIA	State SC	Zip Code 29229	Amount of Each Disbursement this Period 617.50	
Purpose of Disbursement SIGNS		Category/ Type 004	Transaction ID : SB17.5266	
Candidate Name <b>BJORN FOR CONGRESS</b>		<input type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: SC District: 02				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1134.61
<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 13 OF 17	
	<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)  
**BJORN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. REYES, MARIA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016	
Mailing Address 216 SETON HALL DR			FEC Identification Number C C00612994	
City COLUMBIA	State CA	Zip Code 29223	Purpose of Disbursement CONTRACT FOR SALARY 001	
Candidate Name <b>BJORN FOR CONGRESS</b>			Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.5176	
State: SC District: 02			<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. REYES, MARIA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2016	
Mailing Address 216 SETON HALL DR			FEC Identification Number C C00612994	
City COLUMBIA	State CA	Zip Code 29223	Purpose of Disbursement CONTRACT FOR SALARY 001	
Candidate Name <b>BJORN FOR CONGRESS</b>			Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.5176	
State: SC District: 02			<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. REYES, MARIA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2016	
Mailing Address 216 SETON HALL DR			FEC Identification Number C C00612994	
City COLUMBIA	State CA	Zip Code 29223	Purpose of Disbursement CONTRACT FOR SALARY 001	
Candidate Name <b>BJORN FOR CONGRESS</b>			Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.5176	
State: SC District: 02			<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<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 14 OF 17			
	<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)  
**BJORN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TREVETT'S</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016
Mailing Address 6065 ST. ANDREWS RD		FEC Identification Number C 00612994
City COLUMBIA	State SC	Zip Code 29212
Purpose of Disbursement FLYERS	004	
Candidate Name <b>BJORN FOR CONGRESS</b>		Amount of Each Disbursement this Period 373.77
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5263
State: SC District: 02	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. TREVETT'S</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016
Mailing Address 6065 ST. ANDREWS RD		FEC Identification Number C 00612994
City COLUMBIA	State SC	Zip Code 29212
Purpose of Disbursement FLYERS	004	
Candidate Name <b>BJORN FOR CONGRESS</b>		Amount of Each Disbursement this Period 276.58
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5265
State: SC District: 02	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	650.35
<b>TOTAL</b> This Period (last page this line number only).....▶	5786.99

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**BJORN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MCLEAN, SUSAN, MARIE, MRS,</b>			Nature of Debt (Purpose): CONTRACT FOR SALARY
Mailing Address 568 ABBEYHILL DRIVE			
City COLUMBIA	State SC	Zip Code 29229	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.5002	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MCLEAN, SUSAN, MARIE, MRS,</b>			Nature of Debt (Purpose): CONTRACT FOR SALARY
Mailing Address 568 ABBEYHILL DRIVE			
City COLUMBIA	State SC	Zip Code 29229	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.5003	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MCLEAN, SUSAN, MARIE, MRS,</b>			Nature of Debt (Purpose): CONTRACT FOR SALARY
Mailing Address 568 ABBEYHILL DRIVE			
City COLUMBIA	State SC	Zip Code 29229	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.5004	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	3000.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**BJORN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**MOORE, LAWRENCE, , ,**

Nature of Debt (Purpose):  
Salary

Mailing Address 109 TILTING ROCK DRIVE

City HOPKINS	State SC	Zip Code 29061
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Outstanding Balance Beginning This Period

Transaction ID : SD10.4886

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**REYES, MARIA, , ,**

Nature of Debt (Purpose):  
Salary

Mailing Address 216 SETON HALL DR

City COLUMBIA	State CA	Zip Code 29223
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Outstanding Balance Beginning This Period

Transaction ID : SD10.4826

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**REYES, MARIA, , ,**

Nature of Debt (Purpose):  
CONTRACT FOR SALARY

Mailing Address 216 SETON HALL DR

City COLUMBIA	State CA	Zip Code 29223
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Outstanding Balance Beginning This Period

Transaction ID : SD10.4999

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

1000.00

0.00

1) **SUBTOTALS** This Period This Page (optional) .....

2000.00

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**BJORN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**REYES, MARIA, , ,**

Nature of Debt (Purpose):  
CONTRACT FOR SALARY

Mailing Address 216 SETON HALL DR

City COLUMBIA	State CA	Zip Code 29223
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Outstanding Balance Beginning This Period

Transaction ID : SD10.5000

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

1000.00

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**REYES, MARIA, , ,**

Nature of Debt (Purpose):  
CONTRACT FOR SALARY

Mailing Address 216 SETON HALL DR

City COLUMBIA	State CA	Zip Code 29223
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Outstanding Balance Beginning This Period

Transaction ID : SD10.5001

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

1000.00

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City	State	Zip Code
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Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

0.00

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

5000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

5000.00