

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CARLY FOR AMERICA

ADDRESS (number and street) PO BOX 25647 ALEXANDRIA VA 22313-5674

2. FEC IDENTIFICATION NUMBER C C00610568 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2016 through 09 / 30 / 2016

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

Type or Print Name of Treasurer

Signature of Treasurer HANKINS, BRENDA, , , [Electronically Filed] Date 10 / 15 / 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**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CARLY FOR AMERICA

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="0"/>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	794806.72	
(c) Total Receipts (from Line 19)	72810.17	996607.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	867616.89	996607.75
7. Total Disbursements (from Line 31).....	442966.97	571957.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	424649.92	424649.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CARLY FOR AMERICA

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 09 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1000.00	8675.00
(ii) Unitemized	6810.00	47932.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7810.00	56607.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	40000.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	47810.00	96607.58
12. Transfers From Affiliated/Other Party Committees.....	0.00	300000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.17	0.17
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	25000.00	600000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	72810.17	996607.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	72810.17	996607.75

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	127597.33	167654.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	127597.33	167654.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	67500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	265369.64	336803.69
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	442966.97	571957.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	442966.97	571957.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	47810.00	96607.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47810.00	96607.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	127597.33	167654.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.17	0.17
38. Net Operating Expenditures (subtract Line 37 from Line 36)	127597.16	167653.97

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. MANDLER, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 UNDERCLIFF TERRACE
 City WEST ORANGE State NJ Zip Code 07052-3930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MANDEL KATZ & BROSANAN LLP Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 27 / 2016
Transaction ID : SA11A.346609
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. MONTGOMERY, WILLIAM, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16372 WISHINGWELL LANE
 City HUNTINGTON BEACH State CA Zip Code 92647-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 13 / 2016
Transaction ID : SA11A.346562
 Amount of Each Receipt this Period 750.00
 Memo Item CONTRIBUTION

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 91
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. CARLY FOR PRESIDENT
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C** C00577312

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

Transaction ID : SA11C.7457

Amount of Each Receipt this Period
40000.00

Memo Item
IN KIND - PAYROLL PROCESSING

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40000.00
TOTAL This Period (last page this line number only).....	40000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 91
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COLLINS, RICHARD, H., MR. ,

Mailing Address 8150 NORTH CENTRAL EXPRESSWAY
SUITE 2000

City DALLAS State TX Zip Code 75206-1872

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

Name of Employer (for Individual) R. COLLINS ENTERPRISES INC Occupation (for Individual) PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **09 / 12 / 2016**

Transaction ID : SA17.346572

Amount of Each Receipt this Period 25000.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
TOTAL This Period (last page this line number only).....▶	25000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CREDIT CARD BILL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7509
Amount of Each Disbursement this Period
31436.22

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7633
Amount of Each Disbursement this Period
439.10

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7634
Amount of Each Disbursement this Period
439.10

Memo Item

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

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

31436.22

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I7635

Amount of Each Disbursement this Period

496.10

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
REFUND - TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I7636

Amount of Each Disbursement this Period

-439.10

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
REFUND - TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I7637

Amount of Each Disbursement this Period

-439.10

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I7638

Amount of Each Disbursement this Period

496.10

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I7639

Amount of Each Disbursement this Period

496.10

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
REFUND - TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I7640

Amount of Each Disbursement this Period

-496.10

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. BEST BUY

Full Name (Last, First, Middle Initial)

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7641

Amount of Each Disbursement this Period: 1515.78

Memo Item

B. BEST BUY

Full Name (Last, First, Middle Initial)

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement REFUND - OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7642

Amount of Each Disbursement this Period: -1485.79

Memo Item

C. COMCAST

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1577

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7644

Amount of Each Disbursement this Period: 124.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address P.O. BOX 1577

City
NEWARK

State
NJ

Zip Code
07101

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	0		2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7645

Amount of Each Disbursement this Period

[REDACTED] 1072.61

Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA

Mailing Address 1030 DELTA BLVD

City
ATLANTA

State
GA

Zip Code
30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				0	9		2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7646

Amount of Each Disbursement this Period

[REDACTED] 189.10

Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA

Mailing Address 1030 DELTA BLVD

City
ATLANTA

State
GA

Zip Code
30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	7		2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7647

Amount of Each Disbursement this Period

[REDACTED] 784.10

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City
ATLANTA

State
GA

Zip Code
30320

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7648

Amount of Each Disbursement this Period

784.10

Memo Item

Full Name (Last, First, Middle Initial)

B. HERTZ

Mailing Address 225 BRAE BLVD

City
PARK RIDGE

State
NJ

Zip Code
07656

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7651

Amount of Each Disbursement this Period

670.45

Memo Item

Full Name (Last, First, Middle Initial)

C. HYATT

Mailing Address 71 SOUTH WACKER DR.
12TH FLOOR

City
CHICAGO

State
IL

Zip Code
60606

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7652

Amount of Each Disbursement this Period

58.28

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. HYATT

Mailing Address 71 SOUTH WACKER DR.
12TH FLOOR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7653
Amount of Each Disbursement this Period

366.05

Memo Item

Full Name (Last, First, Middle Initial)

B. JETBLUE

Mailing Address 2701 QUEENS PLZ N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7597
Amount of Each Disbursement this Period

368.10

Memo Item

Full Name (Last, First, Middle Initial)

C. JETBLUE AIRWAYS

Mailing Address 27-01 QUEENS PLAZA NORTH

City LONG ISLAND State NY Zip Code 11101

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7598
Amount of Each Disbursement this Period

368.10

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JETBLUE AIRWAYS

Mailing Address 27-01 QUEENS PLAZA NORTH

City
LONG ISLAND

State
NY

Zip Code
11101

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	6

FEC Identification Number

C

Transaction ID : **SB21B.I7599**

Amount of Each Disbursement this Period

40.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JETBLUE AIRWAYS

Mailing Address 27-01 QUEENS PLAZA NORTH

City
LONG ISLAND

State
NY

Zip Code
11101

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	6

FEC Identification Number

C

Transaction ID : **SB21B.I7600**

Amount of Each Disbursement this Period

40.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JETBLUE AIRWAYS

Mailing Address 27-01 QUEENS PLAZA NORTH

City
LONG ISLAND

State
NY

Zip Code
11101

Purpose of Disbursement
REFUND - TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	6

FEC Identification Number

C

Transaction ID : **SB21B.I7601**

Amount of Each Disbursement this Period

-368.10

Memo Item

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

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

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. JETBLUE AIRWAYS

Full Name (Last, First, Middle Initial)

Mailing Address 27-01 QUEENS PLAZA NORTH

City LONG ISLAND State NY Zip Code 11101

Purpose of Disbursement REFUND - TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7602

Amount of Each Disbursement this Period: -368.10

Memo Item

B. JETBLUE AIRWAYS

Full Name (Last, First, Middle Initial)

Mailing Address 27-01 QUEENS PLAZA NORTH

City LONG ISLAND State NY Zip Code 11101

Purpose of Disbursement REFUND - TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7603

Amount of Each Disbursement this Period: -40.00

Memo Item

C. JETBLUE AIRWAYS

Full Name (Last, First, Middle Initial)

Mailing Address 27-01 QUEENS PLAZA NORTH

City LONG ISLAND State NY Zip Code 11101

Purpose of Disbursement REFUND - TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7604

Amount of Each Disbursement this Period: -40.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JOIN.GOP

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	4		2	0	1	6		

Mailing Address 3220 EXECUTIVE RIDGE DR.
STE 101

FEC Identification Number

C []

Transaction ID : SB21B.I7605
Amount of Each Disbursement this Period

[] 201.60

Memo Item

City VISTA State CA Zip Code 92081

Purpose of Disbursement
WEBSITE EXPENSE

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. LIMOLINK

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	3		2	0	1	6		

Mailing Address 701 TAMA ST SE

FEC Identification Number

C []

Transaction ID : SB21B.I7654
Amount of Each Disbursement this Period

[] 170.40

Memo Item

City MARION State IA Zip Code 52302

Purpose of Disbursement
TRAVEL

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. LIMOLINK

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	3		2	0	1	6		

Mailing Address 701 TAMA ST SE

FEC Identification Number

C []

Transaction ID : SB21B.I7655
Amount of Each Disbursement this Period

[] 234.40

Memo Item

City MARION State IA Zip Code 52302

Purpose of Disbursement
TRAVEL

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

[] 0.00

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7656

Amount of Each Disbursement this Period: 176.40

Memo Item

B. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7657

Amount of Each Disbursement this Period: 199.40

Memo Item

C. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7658

Amount of Each Disbursement this Period: 179.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. LIMOLINK		Date of Disbursement MM / DD / YYYY 08 / 18 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C Transaction ID : SB21B.I7662 Amount of Each Disbursement this Period 354.00
City MARION	State IA	
Zip Code 52302		Category/ Type
Purpose of Disbursement TRAVEL		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 13 / 2016
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C Transaction ID : SB21B.I7663 Amount of Each Disbursement this Period 441.80
City BETHESDA	State MD	
Zip Code 20817		Category/ Type
Purpose of Disbursement TRAVEL		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 13 / 2016
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C Transaction ID : SB21B.I7664 Amount of Each Disbursement this Period 375.67
City BETHESDA	State MD	
Zip Code 20817		Category/ Type
Purpose of Disbursement TRAVEL		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MERITAGE RESORT AND SPA

Mailing Address 875 BORDEAUX WAY

City NAPA State CA Zip Code 94558

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7591
Amount of Each Disbursement this Period
183.64

Memo Item

Full Name (Last, First, Middle Initial)

B. MERITAGE RESORT AND SPA

Mailing Address 875 BORDEAUX WAY

City NAPA State CA Zip Code 94558

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7592
Amount of Each Disbursement this Period
676.92

Memo Item

Full Name (Last, First, Middle Initial)

C. MICROSOFT

Mailing Address 1 MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7593
Amount of Each Disbursement this Period
229.99

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. OMNI HOTELS

Mailing Address 4001 MAPLE AVE

City
DALLAS

State
TX

Zip Code
75219

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I7665

Amount of Each Disbursement this Period

327.75

Memo Item

Full Name (Last, First, Middle Initial)

B. OMNI HOTELS

Mailing Address 4001 MAPLE AVE

City
DALLAS

State
TX

Zip Code
75219

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I7666

Amount of Each Disbursement this Period

327.75

Memo Item

Full Name (Last, First, Middle Initial)

C. OMNI HOTELS

Mailing Address 4001 MAPLE AVE

City
DALLAS

State
TX

Zip Code
75219

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I7667

Amount of Each Disbursement this Period

327.75

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)
A. OMNI HOTELS

Mailing Address 4001 MAPLE AVE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7668

Amount of Each Disbursement this Period: 383.67

Memo Item

Full Name (Last, First, Middle Initial)
B. OMNI HOTELS

Mailing Address 4001 MAPLE AVE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7669

Amount of Each Disbursement this Period: 85.45

Memo Item

Full Name (Last, First, Middle Initial)
C. OMNI HOTELS

Mailing Address 4001 MAPLE AVE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7670

Amount of Each Disbursement this Period: 43.81

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. OMNI HOTELS

Full Name (Last, First, Middle Initial)

Mailing Address 4001 MAPLE AVE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7671

Amount of Each Disbursement this Period: 5.95

Memo Item

B. OMNI HOTELS

Full Name (Last, First, Middle Initial)

Mailing Address 4001 MAPLE AVE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7672

Amount of Each Disbursement this Period: 7.79

Memo Item

C. OMNI HOTELS

Full Name (Last, First, Middle Initial)

Mailing Address 4001 MAPLE AVE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7673

Amount of Each Disbursement this Period: 19.48

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. POTTERY BARN

Mailing Address 3250 VAN NESS AVE

City SAN FRANCISCO State CA Zip Code 94109

Purpose of Disbursement
OFFICE FURNITURE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7581
Amount of Each Disbursement this Period
2890.40

Memo Item

Full Name (Last, First, Middle Initial)

B. RENDES-VOUS LIMOUSINE, LLC

Mailing Address 5252 CHEROKEE AVE

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 26 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7582
Amount of Each Disbursement this Period
154.05

Memo Item

Full Name (Last, First, Middle Initial)

C. RENDES-VOUS LIMOUSINE, LLC

Mailing Address 5252 CHEROKEE AVE

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 26 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7583
Amount of Each Disbursement this Period
154.05

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDES-VOUS LIMOUSINE, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 5252 CHEROKEE AVE

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7584

Amount of Each Disbursement this Period: 195.09

Memo Item

B. RENDES-VOUS LIMOUSINE, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 5252 CHEROKEE AVE

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7585

Amount of Each Disbursement this Period: 154.05

Memo Item

C. RENDES-VOUS LIMOUSINE, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 5252 CHEROKEE AVE

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7586

Amount of Each Disbursement this Period: 154.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDES-VOUS LIMOUSINE, LLC		Date of Disbursement MM / DD / YYYY 07 / 26 / 2016
Mailing Address 5252 CHEROKEE AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7587 Amount of Each Disbursement this Period [REDACTED] 154.05
City ALEXANDRIA	State VA	Zip Code 22312
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDES-VOUS LIMOUSINE, LLC		Date of Disbursement MM / DD / YYYY 08 / 09 / 2016
Mailing Address 5252 CHEROKEE AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7588 Amount of Each Disbursement this Period [REDACTED] 181.41
City ALEXANDRIA	State VA	Zip Code 22312
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RENDES-VOUS LIMOUSINE, LLC		Date of Disbursement MM / DD / YYYY 08 / 09 / 2016
Mailing Address 5252 CHEROKEE AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7589 Amount of Each Disbursement this Period [REDACTED] 181.41
City ALEXANDRIA	State VA	Zip Code 22312
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

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

[REDACTED] 0.00

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDES-VOUS LIMOUSINE, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 5252 CHEROKEE AVE

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7590

Amount of Each Disbursement this Period: 188.25

Memo Item

B. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7674

Amount of Each Disbursement this Period: 154.05

Memo Item

C. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7675

Amount of Each Disbursement this Period: 154.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7676 Amount of Each Disbursement this Period [REDACTED] 154.05
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7677 Amount of Each Disbursement this Period [REDACTED] 154.05
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7678 Amount of Each Disbursement this Period [REDACTED] 208.77
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [] Transaction ID : SB21B.I7679 Amount of Each Disbursement this Period [] 154.05
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [] Transaction ID : SB21B.I7680 Amount of Each Disbursement this Period [] 154.05
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [] Transaction ID : SB21B.I7681 Amount of Each Disbursement this Period [] 154.05
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [] Transaction ID : SB21B.I7682 Amount of Each Disbursement this Period [] 170.33
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [] Transaction ID : SB21B.I7683 Amount of Each Disbursement this Period [] 359.10
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [] Transaction ID : SB21B.I7684 Amount of Each Disbursement this Period [] 154.05
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [] Transaction ID : SB21B.I7685 Amount of Each Disbursement this Period [] 410.40
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [] Transaction ID : SB21B.I7686 Amount of Each Disbursement this Period [] 427.65
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [] Transaction ID : SB21B.I7687 Amount of Each Disbursement this Period [] 615.60
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7688

Amount of Each Disbursement this Period: 154.05

Memo Item

B. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7689

Amount of Each Disbursement this Period: 208.77

Memo Item

C. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7690

Amount of Each Disbursement this Period: 154.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [] Transaction ID : SB21B.I7691 Amount of Each Disbursement this Period [] 208.77
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [] Transaction ID : SB21B.I7692 Amount of Each Disbursement this Period [] 167.73
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SHERATON		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 1 STARPOINT		FEC Identification Number C [] Transaction ID : SB21B.I7693 Amount of Each Disbursement this Period [] 225.19
City STAMFORD	State CT	Zip Code 06902
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)
A. SHERATON

Date of Disbursement: MM / DD / YYYY
06 / 29 / 2016

Mailing Address 1 STARPOINT

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C

Transaction ID : SB21B.I7694

Amount of Each Disbursement this Period: 310.44

Memo Item

Full Name (Last, First, Middle Initial)
B. SOUTHWEST AIRLINES

Date of Disbursement: MM / DD / YYYY
08 / 09 / 2016

Mailing Address 2702 LOVE FIELD

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C

Transaction ID : SB21B.I7562

Amount of Each Disbursement this Period: 461.98

Memo Item

Full Name (Last, First, Middle Initial)
C. SOUTHWEST AIRLINES

Date of Disbursement: MM / DD / YYYY
08 / 09 / 2016

Mailing Address 2702 LOVE FIELD

City DALLAS State TX Zip Code 75235

Purpose of Disbursement REFUND - TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C

Transaction ID : SB21B.I7563

Amount of Each Disbursement this Period: -461.98

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 09 / 2016	
Mailing Address 2702 LOVE FIELD		FEC Identification Number C [REDACTED]	
City DALLAS	State TX	Zip Code 75235	Transaction ID : SB21B.I7564
Purpose of Disbursement REFUND - TRAVEL		Category/ Type	Amount of Each Disbursement this Period -461.98
Candidate Name		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 09 / 2016	
Mailing Address 2702 LOVE FIELD		FEC Identification Number C [REDACTED]	
City DALLAS	State TX	Zip Code 75235	Transaction ID : SB21B.I7565
Purpose of Disbursement TRAVEL		Category/ Type	Amount of Each Disbursement this Period 461.98
Candidate Name		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2016	
Mailing Address 2702 LOVE FIELD		FEC Identification Number C [REDACTED]	
City DALLAS	State TX	Zip Code 75235	Transaction ID : SB21B.I7566
Purpose of Disbursement TRAVEL		Category/ Type	Amount of Each Disbursement this Period 474.98
Candidate Name		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

0.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2016
Mailing Address 2702 LOVE FIELD		FEC Identification Number C Transaction ID : SB21B.I7567 Amount of Each Disbursement this Period 474.98
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	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:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2016
Mailing Address 2702 LOVE FIELD		FEC Identification Number C Transaction ID : SB21B.I7568 Amount of Each Disbursement this Period 474.98
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	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:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016
Mailing Address 2702 LOVE FIELD		FEC Identification Number C Transaction ID : SB21B.I7569 Amount of Each Disbursement this Period 458.98
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	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:	<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶	0.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016	
Mailing Address 2702 LOVE FIELD		FEC Identification Number C [] Transaction ID : SB21B.I7570	
City DALLAS	State TX	Zip Code 75235	Amount of Each Disbursement this Period [] -474.98
Purpose of Disbursement REFUND - TRAVEL		Category/Type []	Memo Item <input checked="" type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016	
Mailing Address 2702 LOVE FIELD		FEC Identification Number C [] Transaction ID : SB21B.I7571	
City DALLAS	State TX	Zip Code 75235	Amount of Each Disbursement this Period [] 546.98
Purpose of Disbursement TRAVEL		Category/Type []	Memo Item <input checked="" type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016	
Mailing Address 2702 LOVE FIELD		FEC Identification Number C [] Transaction ID : SB21B.I7572	
City DALLAS	State TX	Zip Code 75235	Amount of Each Disbursement this Period [] -474.98
Purpose of Disbursement REFUND - TRAVEL		Category/Type []	Memo Item <input checked="" type="checkbox"/>
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD

City
DALLAS

State
TX

Zip Code
75235

Purpose of Disbursement
REFUND - TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7573

Amount of Each Disbursement this Period

[REDACTED] -474.98

Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD

City
DALLAS

State
TX

Zip Code
75235

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7574

Amount of Each Disbursement this Period

[REDACTED] 546.98

Memo Item

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD

City
DALLAS

State
TX

Zip Code
75235

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7575

Amount of Each Disbursement this Period

[REDACTED] 489.98

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 17 / 2016
Mailing Address 2702 LOVE FIELD		FEC Identification Number C [] Transaction ID : SB21B.I7576 Amount of Each Disbursement this Period [] 489.98
City DALLAS	State TX	Zip Code 75235
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 08 / 04 / 2016
Mailing Address 500 STAPLES DR.		FEC Identification Number C [] Transaction ID : SB21B.I7695 Amount of Each Disbursement this Period [] 143.82
City FRAMINGHAM	State MA	Zip Code 01702
Purpose of Disbursement OFFICE SUPPLIES		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2016
Mailing Address 500 STAPLES DR.		FEC Identification Number C [] Transaction ID : SB21B.I7696 Amount of Each Disbursement this Period [] 59.04
City FRAMINGHAM	State MA	Zip Code 01702
Purpose of Disbursement OFFICE SUPPLIES		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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
08 / 11 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7697
Amount of Each Disbursement this Period
127.19

Memo Item

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
08 / 18 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7698
Amount of Each Disbursement this Period
69.86

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
06 / 24 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7707
Amount of Each Disbursement this Period
626.10

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 29 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7711
Amount of Each Disbursement this Period: 626.10

Memo Item

B. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 29 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7712
Amount of Each Disbursement this Period: 94.00

Memo Item

C. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 04 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7713
Amount of Each Disbursement this Period: 7.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UNITED AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7714

Amount of Each Disbursement this Period: 302.10

Memo Item

B. UNITED AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7715

Amount of Each Disbursement this Period: 302.10

Memo Item

C. UNITED AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7716

Amount of Each Disbursement this Period: 302.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City
CHICAGO

State
IL

Zip Code
60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I7717

Amount of Each Disbursement this Period

586.60

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City
CHICAGO

State
IL

Zip Code
60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I7718

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City
CHICAGO

State
IL

Zip Code
60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I7719

Amount of Each Disbursement this Period

586.60

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 09 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7720
Amount of Each Disbursement this Period: 100.00

Memo Item

B. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 11 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7721
Amount of Each Disbursement this Period: 586.60

Memo Item

C. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 14 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7722
Amount of Each Disbursement this Period: 7.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. VIRGIN AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 555 AIRPORT BLVD
FL2

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 25 / 2016

FEC Identification Number: C []
Transaction ID : SB21B.I7723
Amount of Each Disbursement this Period: 30.00

Memo Item

B. VIRGIN AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 555 AIRPORT BLVD
FL2

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 25 / 2016

FEC Identification Number: C []
Transaction ID : SB21B.I7724
Amount of Each Disbursement this Period: 928.10

Memo Item

C. VIRGIN AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 555 AIRPORT BLVD
FL2

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 28 / 2016

FEC Identification Number: C []
Transaction ID : SB21B.I7725
Amount of Each Disbursement this Period: 501.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 555 AIRPORT BLVD FL2		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7726
City BURLINGAME	State CA	Zip Code 94010
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 298.10	
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 checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 07 / 09 / 2016
Mailing Address 555 AIRPORT BLVD FL2		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7727
City BURLINGAME	State CA	Zip Code 94010
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] -298.10	
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 checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 07 / 12 / 2016
Mailing Address 555 AIRPORT BLVD FL2		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7728
City BURLINGAME	State CA	Zip Code 94010
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 537.10	
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 checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 07 / 14 / 2016
Mailing Address 555 AIRPORT BLVD FL2		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7729
City BURLINGAME	State CA	Zip Code 94010
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 537.10	
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 checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 07 / 15 / 2016
Mailing Address 555 AIRPORT BLVD FL2		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7730
City BURLINGAME	State CA	Zip Code 94010
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 298.10	
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 checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 07 / 15 / 2016
Mailing Address 555 AIRPORT BLVD FL2		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7731
City BURLINGAME	State CA	Zip Code 94010
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 298.10	
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 checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City
NEW YORK

State
NY

Zip Code
10285

Purpose of Disbursement
TRANSFER FROM NON-CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	6

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B.I7631
Amount of Each Disbursement this Period
[REDACTED] -15718.11

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
ONLINE CONTRIBUTION PROCESSING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B.I7516
Amount of Each Disbursement this Period
[REDACTED] 475.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City
TYSONS CORNER

State
VA

Zip Code
22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	1	6

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B.I7360
Amount of Each Disbursement this Period
[REDACTED] 250.00

Memo Item

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

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

[REDACTED]	-14993.11
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I7503
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I7506
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ELECTION CFO, LLC

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I7446
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. ELECTION CFO, LLC		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address P.O. BOX 26141		FEC Identification Number C [] Transaction ID : SB21B.I7470 Amount of Each Disbursement this Period [] 1010.72
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Disbursement COMPLIANCE CONSULTING		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. JOHNSON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 4612 DUSIK LN		FEC Identification Number C [] Transaction ID : SB21B.I7353 Amount of Each Disbursement this Period [] 4000.00
City AUSTIN	State TX	Zip Code 78746
Purpose of Disbursement STRATEGIC CONSULTING		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. JOHNSON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 07 / 26 / 2016
Mailing Address 4612 DUSIK LN		FEC Identification Number C [] Transaction ID : SB21B.I7421 Amount of Each Disbursement this Period [] 4000.00
City AUSTIN	State TX	Zip Code 78746
Purpose of Disbursement STRATEGIC CONSULTING		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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 9010.72
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. MLJ CONSULTING, INC.		Date of Disbursement MM / DD / YYYY 08 / 29 / 2016	
Mailing Address PO BOX 26402		FEC Identification Number C [] Transaction ID : SB21B.I7471	
City ALEXANDRIA	State VA	Zip Code 22313	Amount of Each Disbursement this Period [] 4976.00
Purpose of Disbursement RENT		Category/Type []	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) B. S.J. ROLLINS TECHNOLOGIES INC.		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 242 STATE ST		FEC Identification Number C [] Transaction ID : SB21B.I7451	
City BANGOR	State ME	Zip Code 04401	Amount of Each Disbursement this Period [] 170.00
Purpose of Disbursement IT SUPPORT		Category/Type []	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) C. STATECRAFT PLLC		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 649 N 4TH AVE STE B		FEC Identification Number C [] Transaction ID : SB21B.I7460	
City PHOENIX	State AZ	Zip Code 85003	Amount of Each Disbursement this Period [] 3588.75
Purpose of Disbursement LEGAL SERVICES		Category/Type []	Memo Item <input type="checkbox"/>
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 8734.75
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TARBELL COMPANIES, INC.

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 19 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7394
Amount of Each Disbursement this Period

92.50

Memo Item

Full Name (Last, First, Middle Initial)

B. TARBELL COMPANIES, INC.

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 19 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7395
Amount of Each Disbursement this Period

92.51

Memo Item

Full Name (Last, First, Middle Initial)

C. TARBELL COMPANIES, INC.

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 26 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7422
Amount of Each Disbursement this Period

6250.00

Memo Item

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

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

6435.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)
A. TUSK DIGITAL

Date of Disbursement: MM / DD / YYYY
08 / 02 / 2016

Mailing Address: 718 7TH ST NW, FL 2

City: WASHINGTON, State: DC, Zip Code: 20001

Purpose of Disbursement: DIGITAL CONSULTING

Candidate Name: _____

Office Sought: House, Senate, President
State: _____ District: _____

Disbursement For: Primary, General, Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.I7425**
Amount of Each Disbursement this Period: 26950.00

Memo Item

Full Name (Last, First, Middle Initial)
B. TUSK DIGITAL

Date of Disbursement: MM / DD / YYYY
09 / 06 / 2016

Mailing Address: 718 7TH ST NW, FL 2

City: WASHINGTON, State: DC, Zip Code: 20001

Purpose of Disbursement: DIGITAL CONSULTING

Candidate Name: _____

Office Sought: House, Senate, President
State: _____ District: _____

Disbursement For: Primary, General, Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.I7459**
Amount of Each Disbursement this Period: 8000.00

Memo Item

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

Date of Disbursement: MM / DD / YYYY
07 / 14 / 2016

Mailing Address: 7361 CALHOUN PL, STE 600

City: ROCKVILLE, State: MD, Zip Code: 20855

Purpose of Disbursement: PAYROLL

Candidate Name: _____

Office Sought: House, Senate, President
State: _____ District: _____

Disbursement For: Primary, General, Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.I7510**
Amount of Each Disbursement this Period: 17458.14
SEE ITEMIZATION BELOW

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 52408.14

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. ISGUR, SARAH, M, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7517

Amount of Each Disbursement this Period: 4055.79

Memo Item

B. PEACOCK, WILLIAM, J, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7520

Amount of Each Disbursement this Period: 1527.27

Memo Item

C. SADLER, FRANK, F, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7518

Amount of Each Disbursement this Period: 4141.89

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPURLOCK, BRIDGET, E, ,

Mailing Address 1020 N FAIRFAX ST STE 200

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7519

Amount of Each Disbursement this Period

[REDACTED] 1335.38

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City
ROCKVILLE

State
MD

Zip Code
20855

Purpose of Disbursement
WITHHOLDING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7521

Amount of Each Disbursement this Period

[REDACTED] 4131.98

Memo Item

Full Name (Last, First, Middle Initial)

C. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City
ROCKVILLE

State
MD

Zip Code
20855

Purpose of Disbursement
PEO SERVICE FEES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7522

Amount of Each Disbursement this Period

[REDACTED] 2265.83

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7511

Amount of Each Disbursement this Period

17458.14

SEE ITEMIZATION BELOW

Memo Item

Full Name (Last, First, Middle Initial)

B. ISGUR, SARAH, M, ,

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7523

Amount of Each Disbursement this Period

4055.79

Memo Item

Full Name (Last, First, Middle Initial)

C. PEACOCK, WILLIAM, J, ,

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7526

Amount of Each Disbursement this Period

1527.27

Memo Item

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

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

17458.14

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. SADLER, FRANK, F, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7524

Amount of Each Disbursement this Period: 4141.89

Memo Item

B. SPURLOCK, BRIDGET, E, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7525

Amount of Each Disbursement this Period: 1335.38

Memo Item

C. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement WITHHOLDING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7527

Amount of Each Disbursement this Period: 4131.98

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PEO SERVICE FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7528

Amount of Each Disbursement this Period

2265.83

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7512

Amount of Each Disbursement this Period

20311.87

SEE ITEMIZATION BELOW

Memo Item

Full Name (Last, First, Middle Initial)

C. ALMSTEAD, DEIDRE, A, ,

Mailing Address 1020 N FAIRFAX ST
STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7533

Amount of Each Disbursement this Period

2937.74

Memo Item

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

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

20311.87

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. ISGUR, SARAH, M, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7529

Amount of Each Disbursement this Period: 2213.67

Memo Item

B. PEACOCK, WILLIAM, J, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7532

Amount of Each Disbursement this Period: 1527.26

Memo Item

C. SADLER, FRANK, F, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7530

Amount of Each Disbursement this Period: 4141.89

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPURLOCK, BRIDGET, E, ,

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7531

Amount of Each Disbursement this Period

1335.39

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
WITHHOLDING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7534

Amount of Each Disbursement this Period

4690.21

Memo Item

Full Name (Last, First, Middle Initial)

C. XCELHR

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PEO SERVICE FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7535

Amount of Each Disbursement this Period

3465.71

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 24 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7513

Amount of Each Disbursement this Period: 16256.77

SEE ITEMIZATION BELOW

Memo Item

B. ALMSTEAD, DEIDRE, A, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST
STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7539

Amount of Each Disbursement this Period: 2937.73

Memo Item

C. PEACOCK, WILLIAM, J, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7538

Amount of Each Disbursement this Period: 1527.27

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 16256.77

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. SADLER, FRANK, F, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7536

Amount of Each Disbursement this Period: 4141.89

Memo Item

B. SPURLOCK, BRIDGET, E, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7537

Amount of Each Disbursement this Period: 1335.38

Memo Item

C. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement WITHHOLDING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7540

Amount of Each Disbursement this Period: 4019.27

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PEO SERVICE FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7541

Amount of Each Disbursement this Period

2295.23

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7514

Amount of Each Disbursement this Period

15152.93

SEE ITEMIZATION BELOW

Memo Item

Full Name (Last, First, Middle Initial)

C. ALMSTEAD, DEIDRE, A, ,

Mailing Address 1020 N FAIRFAX ST
STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7545

Amount of Each Disbursement this Period

2937.74

Memo Item

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

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

15152.93

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. PEACOCK, WILLIAM, J, ,		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C Transaction ID : SB21B.I7544 Amount of Each Disbursement this Period 819.19
City ALEXANDRIA	State VA	
Purpose of Disbursement NET SALARY	Zip Code 22314	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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. SADLER, FRANK, F, ,		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C Transaction ID : SB21B.I7542 Amount of Each Disbursement this Period 4141.89
City ALEXANDRIA	State VA	
Purpose of Disbursement NET SALARY	Zip Code 22314	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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. SPURLOCK, BRIDGET, E, ,		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C Transaction ID : SB21B.I7543 Amount of Each Disbursement this Period 1335.38
City ALEXANDRIA	State VA	
Purpose of Disbursement NET SALARY	Zip Code 22314	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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
WITHHOLDING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7546

Amount of Each Disbursement this Period

3765.80

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PEO SERVICE FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7547

Amount of Each Disbursement this Period

2152.93

Memo Item

Full Name (Last, First, Middle Initial)

C. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7515

Amount of Each Disbursement this Period

14045.36

SEE ITEMIZATION BELOW

Memo Item

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

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

14045.36

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. ALMSTED, DEIDRE, A, ,		Date of Disbursement MM / DD / YYYY 09 / 23 / 2016	
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7550 Amount of Each Disbursement this Period [REDACTED] 2937.73	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type [REDACTED]
Purpose of Disbursement NET SALARY		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) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. SADLER, FRANK, F, ,		Date of Disbursement MM / DD / YYYY 09 / 23 / 2016	
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7548 Amount of Each Disbursement this Period [REDACTED] 4141.88	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type [REDACTED]
Purpose of Disbursement NET SALARY		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) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. SPURLOCK, BRIDGET, E, ,		Date of Disbursement MM / DD / YYYY 09 / 23 / 2016	
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7549 Amount of Each Disbursement this Period [REDACTED] 1335.38	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type [REDACTED]
Purpose of Disbursement NET SALARY		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) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
WITHHOLDING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7551
Amount of Each Disbursement this Period
3623.47

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PEO SERVICE FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7552
Amount of Each Disbursement this Period
2006.90

Memo Item

Full Name (Last, First, Middle Initial)

C. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER FROM NON-CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7619
Amount of Each Disbursement this Period
-8729.07

Memo Item

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

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

-8729.07

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER FROM NON-CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 29 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7621
Amount of Each Disbursement this Period
 -8729.07

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER FROM NON-CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
08 / 12 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7623
Amount of Each Disbursement this Period
 -10155.94

Memo Item

Full Name (Last, First, Middle Initial)

C. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER FROM NON-CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
08 / 26 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7626
Amount of Each Disbursement this Period
 -8128.39

Memo Item

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

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

-27013.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER FROM NON-CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7628

Amount of Each Disbursement this Period

-7576.47

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER FROM NON-CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7630

Amount of Each Disbursement this Period

-7022.68

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

-14599.15

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

127440.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. COFFMAN FOR CONGRESS 2016		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016
Mailing Address 4950 S YOSEMITE ST F2 #511		FEC Identification Number C00570457 Transaction ID : SB23.I7435 Amount of Each Disbursement this Period 2500.00
City GREENWOOD State CO Zip Code 80111	Purpose of Disbursement Category/Type	
Candidate Name COFFMAN, MIKE , REP., ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT DARRYL GLENN		Date of Disbursement MM / DD / YYYY 08 / 09 / 2016
Mailing Address PO BOX 62667		FEC Identification Number C00572594 Transaction ID : SB23.I7438 Amount of Each Disbursement this Period 2500.00
City COLORADO S State CO Zip Code 80962	Purpose of Disbursement Category/Type	
Candidate Name GLENN, DARRYL, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. COMSTOCK FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016
Mailing Address 6822 WEMBERLY WAY		FEC Identification Number C00554261 Transaction ID : SB23.I7430 Amount of Each Disbursement this Period 2500.00
City MC LEAN State VA Zip Code 22101	Purpose of Disbursement Category/Type	
Candidate Name COMSTOCK, BARBARA , J , , HONORABLE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. DON BACON FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address 7707 PONDEROSA DRIVE		FEC Identification Number C00575167 Transaction ID : SB23.I7507 Amount of Each Disbursement this Period 2500.00
City PAPILLION	State NE	Zip Code 68046
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name BACON, DONALD, , ,	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: NE	District: 02	

Full Name (Last, First, Middle Initial) B. ELISE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 24 / 2016
Mailing Address PO BOX 500		FEC Identification Number C00547893 Transaction ID : SB23.I7453 Amount of Each Disbursement this Period 2500.00
City GLENS FALL	State NY	Zip Code 12801
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name STEFANIK, ELISE , M., ,	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: NY	District: 21	

Full Name (Last, First, Middle Initial) C. GRASSLEY COMMITTEE INC		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016
Mailing Address PO BOX 1000		FEC Identification Number C00230482 Transaction ID : SB23.I7436 Amount of Each Disbursement this Period 2500.00
City DES MOINES	State IA	Zip Code 50304
Purpose of Disbursement CONTRIBUTION	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name GRASSLEY, CHARLES , E , , SENATOR	Office Sought: <input type="checkbox"/> House <input checked="" 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: IA	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. JONES FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016
Mailing Address PO BOX 1672		FEC Identification Number C00612812 Transaction ID : SB23.I7437 Amount of Each Disbursement this Period 2500.00
City GILBERT	State AZ	Zip Code 85299
Purpose of Disbursement	Category/Type	Memo Item <input type="checkbox"/>
Candidate Name JONES, CHRISTINE, , ,	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: AZ	District: 05	

Full Name (Last, First, Middle Initial) B. MIKE GALLAGHER FOR WISCONSIN		Date of Disbursement MM / DD / YYYY 09 / 27 / 2016
Mailing Address 118 SOUTH WASHINGTON ST #430A		FEC Identification Number C00610212 Transaction ID : SB23.I7473 Amount of Each Disbursement this Period 1500.00
City GREEN BAY	State WI	Zip Code 54301
Purpose of Disbursement DEBT RETIREMENT CONTRIBUTION	Category/Type	Memo Item <input type="checkbox"/>
Candidate Name GALLAGHER, MICHAEL , JOHN, ,	Office Sought: <input checked="" 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: WI	District: 08	

Full Name (Last, First, Middle Initial) C. MIKE GALLAGHER FOR WISCONSIN		Date of Disbursement MM / DD / YYYY 09 / 27 / 2016
Mailing Address 118 SOUTH WASHINGTON ST #430A		FEC Identification Number C00610212 Transaction ID : SB23.I7474 Amount of Each Disbursement this Period 1000.00
City GREEN BAY	State WI	Zip Code 54301
Purpose of Disbursement	Category/Type	Memo Item <input type="checkbox"/>
Candidate Name GALLAGHER, MICHAEL , JOHN, ,	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: WI	District: 08	

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MORGAN GRIFFITH FOR CONGRESS

Mailing Address PO BOX 361

City
CHRISTIANS

State
VA

Zip Code
24068

Purpose of Disbursement

Candidate Name

GRIFFITH, H , MORGAN, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	6

FEC Identification Number

C C00477240

Transaction ID : SB23.I7432

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SCOTT TAYLOR FOR CONGRESS

Mailing Address 4001 VIRGINIA BEACH BLVD #117-731

City
VIRGINIA B

State
VA

Zip Code
23452

Purpose of Disbursement

Candidate Name

TAYLOR, SCOTT, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: VA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	6

FEC Identification Number

C C00608703

Transaction ID : SB23.I7433

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TOM GARRETT FOR CONGRESS

Mailing Address 3868 PAYNES POND ROAD

City
SCOTTSVILL

State
VA

Zip Code
24590

Purpose of Disbursement
DEBT RETIREMENT CONTRIBUTION

Candidate Name

GARRETT, THOMAS , ALEXANDER , , MR. JR.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	6

FEC Identification Number

C C00607101

Transaction ID : SB23.I7472

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FIGHTIN' NINTH POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 71596

City
RICHMOND

State
VA

Zip Code
23255

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	6

FEC Identification Number

C C00520841

Transaction ID : SB23.I7448

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. GARRETT VICTORY FUND

Mailing Address P.O. BOX 26141

City
ALEXANDRIA

State
VA

Zip Code
22213

Purpose of Disbursement

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	6

FEC Identification Number

C C00622589

Transaction ID : SB23.I7454

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. GOOD FUND, THE

Mailing Address PO BOX 6572

City
SPRINGFIELD

State
VA

Zip Code
22150

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	6

FEC Identification Number

C C00409185

Transaction ID : SB23.I7447

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item

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

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

1	5	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. COLORADO REPUBLICAN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

Mailing Address 5950 S. WILLOW DRIVE
SUITE 302

City GREENWOOD VILLAGE State CO Zip Code 80111

FEC Identification Number

C C00033134

Transaction ID : SB23.I7434

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Memo Item

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

5000.00

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

50000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. CARLY FOR PRESIDENT		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C 00577312 Transaction ID : SB29.I7458 Amount of Each Disbursement this Period 40000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement IN KIND - PAYROLL PROCESSING		Category/ Type
Candidate Name FIORINA, CARLY, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address 200 VESEY ST		FEC Identification Number C Transaction ID : SB29.I7632 Amount of Each Disbursement this Period 15718.11
City NEW YORK	State NY	Zip Code 10285
Purpose of Disbursement TRANSFER FROM NON-CONTRIBUTION ACCOUNT		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CARDMEMBER SERVICES		Date of Disbursement MM / DD / YYYY 07 / 19 / 2016
Mailing Address PO BOX 1423		FEC Identification Number C Transaction ID : SB29.I7396 Amount of Each Disbursement this Period 3560.02
City CHARLOTTE	State NC	Zip Code 28201
Purpose of Disbursement CREDIT CARD PAYMENT		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:	<input type="checkbox"/> Memo Item	

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

59278.13

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. LIMOLINK		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7401 Amount of Each Disbursement this Period [REDACTED] 475.20
City MARION	State IA	Zip Code 52302
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LODGE AT TORREY PINES		Date of Disbursement MM / DD / YYYY 06 / 19 / 2016
Mailing Address 11480 N TORREY PINES RD		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7402 Amount of Each Disbursement this Period [REDACTED] 269.96
City LA JOLLA	State CA	Zip Code 92037
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LODGE AT TORREY PINES		Date of Disbursement MM / DD / YYYY 06 / 19 / 2016
Mailing Address 11480 N TORREY PINES RD		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7403 Amount of Each Disbursement this Period [REDACTED] 242.46
City LA JOLLA	State CA	Zip Code 92037
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

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

[REDACTED] 0.00

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 21 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7397
Amount of Each Disbursement this Period: 653.10

Memo Item

B. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 21 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7398
Amount of Each Disbursement this Period: 653.10

Memo Item

C. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 21 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7399
Amount of Each Disbursement this Period: 633.10

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 21 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB29.I7400 Amount of Each Disbursement this Period 633.10
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL		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) ▼	Memo Item <input checked="" type="checkbox"/>
State: District:		

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT JESSICA ANN TYSON		Date of Disbursement MM / DD / YYYY 09 / 27 / 2016
Mailing Address 2180 44TH ST SE STE 205		FEC Identification Number C Transaction ID : SB29.I7475 Amount of Each Disbursement this Period 1000.00 (CONTRIBUTION ACCOUNT)
City KENTWOOD	State MI	
Purpose of Disbursement NON-FEDERAL CANDIDATE CONTRIBUTION		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) ▼	Memo Item <input type="checkbox"/>
State: District:		

Full Name (Last, First, Middle Initial) C. ELECTION CFO, LLC		Date of Disbursement MM / DD / YYYY 08 / 19 / 2016
Mailing Address P.O. BOX 26141		FEC Identification Number C Transaction ID : SB29.I7449 Amount of Each Disbursement this Period 1025.48
City ALEXANDRIA	State VA	
Purpose of Disbursement COMPLIANCE CONSULTING		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) ▼	Memo Item <input type="checkbox"/>
State: District:		

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

2025.48

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. ELECTION CFO, LLC		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address P.O. BOX 26141		FEC Identification Number C [] Transaction ID : SB29.I7469 Amount of Each Disbursement this Period [] 1010.72
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Disbursement COMPLIANCE CONSULTING		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. JOHNSON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 4612 DUSIK LN		FEC Identification Number C [] Transaction ID : SB29.I7354 Amount of Each Disbursement this Period [] 1623.24
City AUSTIN	State TX	Zip Code 78746
Purpose of Disbursement STRATEGIC CONSULTANT EXPENSE REIMBURSEMENT (NON-CONTRIBUTION ACCOUNT)		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. JOHNSON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 4612 DUSIK LN		FEC Identification Number C [] Transaction ID : SB29.I7355 Amount of Each Disbursement this Period [] 4000.00
City AUSTIN	State TX	Zip Code 78746
Purpose of Disbursement STRATEGIC CONSULTING (NON-CONTRIBUTION ACCOUNT)		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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 6633.96
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. JOHNSON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 4612 DUSIK LN		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7356 Amount of Each Disbursement this Period [REDACTED] 2123.10
City AUSTIN	State TX	Zip Code 78746
Purpose of Disbursement STRATEGIC CONSULTANT EXPENSES (NON-CONTRIBUTION ACCOUNT)		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. JOHNSON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 07 / 26 / 2016
Mailing Address 4612 DUSIK LN		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7423 Amount of Each Disbursement this Period [REDACTED] 4000.00
City AUSTIN	State TX	Zip Code 78746
Purpose of Disbursement STRATEGIC CONSULTING		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. JOHNSON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016
Mailing Address 4612 DUSIK LN		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7429 Amount of Each Disbursement this Period [REDACTED] 8000.00
City AUSTIN	State TX	Zip Code 78746
Purpose of Disbursement STRATEGIC CONSULTING (NON-CONTRIBUTION ACCOUNT)		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 14123.10

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. JOHNSON STRATEGIES LLC			Date of Disbursement MM / DD / YYYY 08 / 23 / 2016	
Mailing Address 4612 DUSIK LN			FEC Identification Number C [REDACTED] Transaction ID : SB29.I7452	
City AUSTIN	State TX	Zip Code 78746	Amount of Each Disbursement this Period 1487.09	
Purpose of Disbursement CONSULTANT EXPENSES		Category/ Type	NON-CONTRIBUTION ACCOUNT	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. JOHNSON STRATEGIES LLC			Date of Disbursement MM / DD / YYYY 09 / 13 / 2016	
Mailing Address 4612 DUSIK LN			FEC Identification Number C [REDACTED] Transaction ID : SB29.I7463	
City AUSTIN	State TX	Zip Code 78746	Amount of Each Disbursement this Period 8000.00	
Purpose of Disbursement STRATEGIC CONSULTING		Category/ Type	<input type="checkbox"/> Memo Item	
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:				

Full Name (Last, First, Middle Initial) C. LET'S GROW, VIRGINIA! PAC			Date of Disbursement MM / DD / YYYY 08 / 08 / 2016	
Mailing Address 915 PRINCE ST			FEC Identification Number C [REDACTED] Transaction ID : SB29.I7428	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement NON-FEDERAL COMMITTEE CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)		Category/ Type	<input type="checkbox"/> Memo Item	
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:				

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

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

14487.09
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. MLJ CONSULTING, INC.		Date of Disbursement MM / DD / YYYY 08 / 02 / 2016	
Mailing Address PO BOX 26402		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7427 Amount of Each Disbursement this Period 30000.00	
City ALEXANDRIA	State VA	Zip Code 22313	Category/ Type [REDACTED]
Purpose of Disbursement STRATEGIC CONSULTING		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. MLJ CONSULTING, INC.		Date of Disbursement MM / DD / YYYY 08 / 29 / 2016	
Mailing Address PO BOX 26402		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7508 Amount of Each Disbursement this Period 14928.00	
City ALEXANDRIA	State VA	Zip Code 22313	Category/ Type [REDACTED]
Purpose of Disbursement RENT		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. S.J. ROLLINS TECHNOLOGIES INC.		Date of Disbursement MM / DD / YYYY 08 / 19 / 2016	
Mailing Address 242 STATE ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7450 Amount of Each Disbursement this Period 170.00	
City BANGOR	State ME	Zip Code 04401	Category/ Type [REDACTED]
Purpose of Disbursement IT SUPPORT		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	45098.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STATECRAFT PLLC

Mailing Address 649 N 4TH AVE
STE B

City
PHOENIX

State
AZ

Zip Code
85003

Purpose of Disbursement
LEGAL SERVICES (NON-CONTRIBUTION ACCOUNT)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 06 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.I7462

Amount of Each Disbursement this Period

[REDACTED] 3588.75

Memo Item

Full Name (Last, First, Middle Initial)

B. TARBELL COMPANIES, INC.

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R
STE 500

City
LANGHORN

State
PA

Zip Code
19047

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 26 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.I7424

Amount of Each Disbursement this Period

[REDACTED] 6250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TARBELL COMPANIES, INC.

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R
STE 500

City
LANGHORN

State
PA

Zip Code
19047

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.I7456

Amount of Each Disbursement this Period

[REDACTED] 12500.00

NON-CONTRIBUTION ACCOUNT

Memo Item

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

[REDACTED] 22338.75

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)
A. TARBELL COMPANIES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement STRATEGIC CONSULTING; CONSULTANT EXPENSES

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

FEC Identification Number

C []
Transaction ID : SB29.I7467
Amount of Each Disbursement this Period
[] 12838.51
NON-CONTRIBUTION ACCOUNT
 Memo Item

Full Name (Last, First, Middle Initial)
B. TUSK DIGITAL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2016

Mailing Address 718 7TH ST NW
FL 2

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement DIGITAL CONSULTING (NON-CONTRIBUTION ACCOUNT)

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

FEC Identification Number

C []
Transaction ID : SB29.I7426
Amount of Each Disbursement this Period
[] 24395.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. TUSK DIGITAL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2016

Mailing Address 718 7TH ST NW
FL 2

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement DIGITAL CONSULTING (NON-CONTRIBUTION ACCOUNT)

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

FEC Identification Number

C []
Transaction ID : SB29.I7461
Amount of Each Disbursement this Period
[] 8000.00
 Memo Item

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

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

[] 45233.51
[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement BOX RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7477

Amount of Each Disbursement this Period: 610.00

Memo Item (NON-CONTRIBUTION ACCOUNT)

B. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement TRANSFER TO CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7620

Amount of Each Disbursement this Period: 8729.07

Memo Item

C. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement TRANSFER FROM NON-CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7622

Amount of Each Disbursement this Period: 8729.07

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 18068.14

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER FROM NON-CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2016

FEC Identification Number

C

Transaction ID : SB29.I7624

Amount of Each Disbursement this Period

10155.94

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER FROM NON-CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2016

FEC Identification Number

C

Transaction ID : SB29.I7625

Amount of Each Disbursement this Period

8128.39

Memo Item

Full Name (Last, First, Middle Initial)

C. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER FROM NON-CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2016

FEC Identification Number

C

Transaction ID : SB29.I7627

Amount of Each Disbursement this Period

7576.47

Memo Item

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

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

25860.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. XCELHR		Date of Disbursement MM / DD / YYYY 09 / 23 / 2016
Mailing Address 7361 CALHOUN PL STE 600		FEC Identification Number C [] Transaction ID : SB29.I7629
City ROCKVILLE	State MD	Zip Code 20855
Purpose of Disbursement TRANSFER FROM NON-CONTRIBUTION ACCOUNT		Amount of Each Disbursement this Period [] 7022.68
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. REPUBLICAN PARTY OF VIRGINIA - STATE ACCOUNT		Date of Disbursement MM / DD / YYYY 08 / 24 / 2016
Mailing Address 115 E GRACE ST		FEC Identification Number C [] Transaction ID : SB29.I7455
City RICHMOND	State VA	Zip Code 23219
Purpose of Disbursement CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)		Amount of Each Disbursement this Period [] 5000.00
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period []
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	12022.68
TOTAL This Period (last page this line number only).....▶	265169.64