

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Tiberi for Congress

ADDRESS (number and street)

2931 E Dublin Granville Road

Suite 190

Check if different than previously reported. (ACC)

Columbus

OH

43231-2098

2. FEC IDENTIFICATION NUMBER ▼

C C00347492

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OH

12

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

11 / 25 / 2014

through

M M /

D D /

Y Y Y Y

12 / 31 / 2014

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

Type or Print Name of Treasurer Jeffrey Benton

Signature of Treasurer Jeffrey Benton

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

02 / 04 / 2015

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Tiberi for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	4500	4750
(b) Total Contribution Refunds (from Line 20(d))	0	2000
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4500	2750
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	52534.48	59337.45
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	52534.48	59337.45
8. Cash on Hand at Close of Reporting Period (from Line 27)	2501982.76	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Tiberi for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3500	3750
(ii) Unitemized.....	0	0
(iii) TOTAL of contributions from individuals ▶	3500	3750
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	1000	1000
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4500	4750
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	2089.07	2089.07
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	6589.07	6839.07

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	52534.48	59337.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	2000
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	2000
21. OTHER DISBURSEMENTS	3150	3150
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	55684.48	64487.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2551078.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6589.07
25. SUBTOTAL (add Line 23 and Line 24).....	2557667.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	55684.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2501982.76

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Tiberi for Congress

A. Full Name (Last, First, Middle Initial)
C. Lee Johnson

Mailing Address 7501 E Thompson Peak Parkway
Unit 430

City Scottsdale State AZ Zip Code 85255-4544

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2014

Transaction ID : A-CF34908

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
H. Signe Ostby

Mailing Address 386 Mountain Home Road

City Woodside State CA Zip Code 94062-2513

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2014

Transaction ID : A-CF34909

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
John C Watson III

Mailing Address 3816 N Elm Street
Suite A

City Greensboro State NC Zip Code 27455-2776

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

Name of Employer Penn Mutual Occupation Life Insurance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2014

Transaction ID : A-CF34910

Amount of Each Receipt this Period
500

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

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

3500.00

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

A. Full Name (Last, First, Middle Initial)
The Brink's Co. PAC

Mailing Address 1801 Bayberry Court
Suite 400

City Richmond State VA Zip Code 23226-3771

FEC ID number of contributing federal political committee. **C** C00207472

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2014

Transaction ID : A-CF34958

Amount of Each Receipt this Period
1000

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

A. Full Name (Last, First, Middle Initial)
First Financial Bank

Mailing Address 150 W Wilson Bridge Road

City: Worthington State: OH Zip Code: 43085-2226

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

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2089.07

Date of Receipt: 11 / 28 / 2014

Transaction ID : A-MF34911

Amount of Each Receipt this Period: 1027.17

Interest Payment

B. Full Name (Last, First, Middle Initial)
First Financial Bank

Mailing Address 150 W Wilson Bridge Road

City: Worthington State: OH Zip Code: 43085-2226

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

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2089.07

Date of Receipt: 12 / 31 / 2014

Transaction ID : A-MF34962

Amount of Each Receipt this Period: 1061.9

Interest Payment

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

Mailing Address

City: State: Zip Code:

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

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date:

Date of Receipt:

Amount of Each Receipt this Period:

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

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

2089.07

2089.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. After Images Art Group			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014	
Mailing Address 639 Reindeer Lane			Amount of Each Disbursement this Period 400	
City Columbus	State OH	Zip Code 43230-1965	Transaction ID : B-E-34932	
Purpose of Disbursement Artwork for Christmas card		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Aristotle			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014	
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 25	
City Washington	State DC	Zip Code 20003-1164	Transaction ID : B-E-34959	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 003		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. AT&T			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014	
Mailing Address Bill Payment Center			Amount of Each Disbursement this Period 287.98	
City Saginaw	State MI	Zip Code 48663-0001	Transaction ID : B-E-34936	
Purpose of Disbursement Phone and Internet Service		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	712.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. Baker and Hostetler LLP		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address PO Box 37515		Amount of Each Disbursement this Period 487.5 Transaction ID : B-E-34924
City Washington State DC Zip Code 20013-7515	Purpose of Disbursement Legal Fees Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. Bogart Associates Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 265.3 Transaction ID : B-E-34943
City Alexandria State VA Zip Code 22314-4724	Purpose of Disbursement Shipping Reimbursement Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) c. Fed Ex/ Kinkos		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 265.3 Transaction ID : B-S-2935
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Shipping Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

[MEMO ITEM]
Subitemization of Bogart Associates Inc.(12/17/14)

SUBTOTAL of Disbursements This Page (optional).....	752.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. Capitol Contender		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 274 S 3rd Street		Amount of Each Disbursement this Period 300 Transaction ID : B-E-34927
City Columbus	State OH Zip Code 43215-5112	
Purpose of Disbursement Fundraising Software	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Contender		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 274 S 3rd Street		Amount of Each Disbursement this Period 150 Transaction ID : B-E-34949
City Columbus	State OH Zip Code 43215-5112	
Purpose of Disbursement Fundraising Software	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. City of Columbus		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 90 W Broad Street		Amount of Each Disbursement this Period 481.25 Transaction ID : B-E-34920
City Columbus	State OH Zip Code 43215-9000	
Purpose of Disbursement Payroll Tax Withholding	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	931.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. City of Columbus		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 90 W Broad Street		Amount of Each Disbursement this Period 256.25 Transaction ID : B-E-34954
City Columbus	State OH Zip Code 43215-9000	
Purpose of Disbursement Payroll Tax Withholding	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Dynotec		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 2931 E Dub Granvl Road Suite 200		Amount of Each Disbursement this Period 813.33 Transaction ID : B-E-34921
City Columbus	State OH Zip Code 43231-2098	
Purpose of Disbursement Rent	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Dynotec		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 2931 E Dub Granvl Road Suite 200		Amount of Each Disbursement this Period 813.33 Transaction ID : B-E-34950
City Columbus	State OH Zip Code 43231-2098	
Purpose of Disbursement Rent	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1882.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 26			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. ERoots Consulting			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014	
Mailing Address 274 S 3rd Street			Amount of Each Disbursement this Period 30	
City Columbus	State OH	Zip Code 43215-5112	Transaction ID : B-E-34945	
Purpose of Disbursement Domain Hosting Fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. First Financial Bank Visa			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014	
Mailing Address P.O. Box 42070			Amount of Each Disbursement this Period 4596.78	
City Middletown	State OH	Zip Code 45042-0070	Transaction ID : B-E-34937	
Purpose of Disbursement Credit Card Payment		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Original vendors exceeding reporting threshold itemized as memo transactions.	
State: District:				

Full Name (Last, First, Middle Initial) c. Tom's Ice Cream Bowl			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014	
Mailing Address 532 McIntire Avenue			Amount of Each Disbursement this Period 316	
City Zanesville	State OH	Zip Code 43701-3342	Transaction ID : B-S-2937	
Purpose of Disbursement Food for Event		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM] Subitemization of First Financial Bank Visa(12/17/14)	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4626.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. City of Columbus		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 90 W Broad Street		Amount of Each Disbursement this Period 1.25
City Columbus	State OH Zip Code 43215-9000	
Purpose of Disbursement Parking	Category/Type 001	Transaction ID : B-S-2938
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of First Financial Bank Visa(12/17/14)
State: District:		

Full Name (Last, First, Middle Initial) B. Aristotle		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 575
City Washington	State DC Zip Code 20003-1164	
Purpose of Disbursement Campaign Database Management	Category/Type 001	Transaction ID : B-S-2942
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of First Financial Bank Visa(12/17/14)
State: District:		

Full Name (Last, First, Middle Initial) c. Brumby's Coffeehouse and Pizzeria		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 96 Main Street		Amount of Each Disbursement this Period 353.4
City Bellville	State OH Zip Code 44813-1021	
Purpose of Disbursement Food for Event	Category/Type 001	Transaction ID : B-S-2943
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of First Financial Bank Visa(12/17/14)
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. Pappy's Grill on 79		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 1122 Hebron Road		Amount of Each Disbursement this Period 347
City Heath State OH Zip Code 43056-1126	Purpose of Disbursement Food for Event Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : B-S-2944 [MEMO ITEM] Subitemization of First Financial Bank Visa(12/17/14)

Full Name (Last, First, Middle Initial) B. Aristotle		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 87.84
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Email Distribution Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : B-S-2952 [MEMO ITEM] Subitemization of First Financial Bank Visa(12/17/14)

Full Name (Last, First, Middle Initial) c. Brio Tuscan Grille		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 3993 Easton Station		Amount of Each Disbursement this Period 2147.8
City Columbus State OH Zip Code 43219-6068	Purpose of Disbursement Food and Drink for Event Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : B-S-2953 [MEMO ITEM] Subitemization of First Financial Bank Visa(12/17/14)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. HR Butler LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 63 Corbins Mill Drive		Amount of Each Disbursement this Period 76.54 Transaction ID : B-E-34912
City Dublin	State OH	
Purpose of Disbursement Payroll Processing Fee		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HR Butler LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 63 Corbins Mill Drive		Amount of Each Disbursement this Period 73.52 Transaction ID : B-E-34913
City Dublin	State OH	
Purpose of Disbursement Payroll Processing Fee		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. HR Butler LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 63 Corbins Mill Drive		Amount of Each Disbursement this Period 75.02 Transaction ID : B-E-34951
City Dublin	State OH	
Purpose of Disbursement Payroll Processing Fee		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	225.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. New Century Solutions		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 5466 Cedarbush Road		Amount of Each Disbursement this Period 8000 Transaction ID : B-E-34929
City Columbus	State OH Zip Code 43229-3806	
Purpose of Disbursement Fundraising Consulting	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ricoh USA, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address PO Box 740541		Amount of Each Disbursement this Period 208.46 Transaction ID : B-E-34926
City Atlanta	State GA Zip Code 30374-0541	
Purpose of Disbursement Copier Service Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Ricoh USA, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address PO Box 740541		Amount of Each Disbursement this Period 289.98 Transaction ID : B-E-34938
City Atlanta	State GA Zip Code 30374-0541	
Purpose of Disbursement Copier Lease Payment	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8498.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. Ricoh USA, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PO Box 740541		Amount of Each Disbursement this Period 12.58 Transaction ID : B-E-34964
City Atlanta	State GA	
Zip Code 30374-0541	Purpose of Disbursement Copier Service Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. State Of Ohio		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 30 E Broad Street		Amount of Each Disbursement this Period 804.84 Transaction ID : B-E-34919
City Columbus	State OH	
Zip Code 43215-3439	Purpose of Disbursement Payroll Tax & SUI Withholding	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. State Of Ohio		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 30 E Broad Street		Amount of Each Disbursement this Period 293.96 Transaction ID : B-E-34955
City Columbus	State OH	
Zip Code 43215-3439	Purpose of Disbursement Payroll Tax Withholding	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1111.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. The Congressional Institute		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 401 Wythe Street # 103		Amount of Each Disbursement this Period 738 Transaction ID : B-E-34933
City Alexandria State VA Zip Code 22314-1915	Purpose of Disbursement House Retreat Registration Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. The Strategy Group for Media		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 7669 Stagers Loop		Amount of Each Disbursement this Period 250 Transaction ID : B-E-34923
City Delaware State OH Zip Code 43015-7010	Purpose of Disbursement Video Production Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address PO Box 916		Amount of Each Disbursement this Period 116.67 Transaction ID : B-E-34925
City Carol Stream State IL Zip Code 60132-0916	Purpose of Disbursement Cable Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1104.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PO Box 916		Amount of Each Disbursement this Period 116.67 Transaction ID : B-E-34946
City Carol Stream	State IL	
Zip Code 60132-0916	Purpose of Disbursement Cable Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 5932.79 Transaction ID : B-E-34918
City Washington	State DC	
Zip Code 20220-0001	Purpose of Disbursement Payroll Tax Withholding	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 2823.15 Transaction ID : B-E-34956
City Washington	State DC	
Zip Code 20220-0001	Purpose of Disbursement Payroll Tax Withholding	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	8872.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address PO Box 790292		Amount of Each Disbursement this Period 357.11 Transaction ID : B-E-34922
City Saint Louis State MO Zip Code 63179-0292	Purpose of Disbursement Phone and Internet Service Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PO Box 790292		Amount of Each Disbursement this Period 352.37 Transaction ID : B-E-34948
City Saint Louis State MO Zip Code 63179-0292	Purpose of Disbursement Phone and Internet Service Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Ways and Means Member Lunch Fund		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address House Ways & Means Committee		Amount of Each Disbursement this Period 700 Transaction ID : B-E-34934
City Washington State DC Zip Code 20515-0001	Purpose of Disbursement Committee Lunch Fund Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1409.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. Kelli Briggs			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 1044B N Daniel Street			Amount of Each Disbursement this Period 300 Transaction ID : B-E-34930
City Arlington	State VA	Zip Code 22201-2838	
Purpose of Disbursement General Political Consulting		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Kelli Briggs			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address 1044B N Daniel Street			Amount of Each Disbursement this Period 150 Transaction ID : B-E-34970
City Arlington	State VA	Zip Code 22201-2838	
Purpose of Disbursement General Political Consulting		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) c. Lucas Crumley			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 5158 Horseshoe Falls Drive			Amount of Each Disbursement this Period 3770.64 Transaction ID : B-E-34917
City Dublin	State OH	Zip Code 43016-8043	
Purpose of Disbursement Salary Bonus		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4220.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. Kristen Frissora		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 2931 E Dub Granvl Road Suite 190		Amount of Each Disbursement this Period 8337.07 Transaction ID : B-E-34914
City Columbus State OH Zip Code 43231-2098	Purpose of Disbursement Salary & Bonus Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Kristen Frissora		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 2931 E Dub Granvl Road Suite 190		Amount of Each Disbursement this Period 33.13 Transaction ID : B-E-34940
City Columbus State OH Zip Code 43231-2098	Purpose of Disbursement Shipping Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) C. Kristen Frissora		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 2931 E Dub Granvl Road Suite 190		Amount of Each Disbursement this Period 5070.77 Transaction ID : B-E-34952
City Columbus State OH Zip Code 43231-2098	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	13440.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. Melissa McNulty		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 5738 McNeven Court		Amount of Each Disbursement this Period 888.74
City Dublin	State OH	
Purpose of Disbursement Salary	Category/ Type 001	
Candidate Name		Transaction ID : B-E-34915
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Melissa McNulty		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 5738 McNeven Court		Amount of Each Disbursement this Period 888.74
City Dublin	State OH	
Purpose of Disbursement Salary	Category/ Type 001	
Candidate Name		Transaction ID : B-E-34957
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Danielle Vandegriff		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 248 E 3rd Avenue		Amount of Each Disbursement this Period 611.4
City Columbus	State OH	
Purpose of Disbursement Salary	Category/ Type 001	
Candidate Name		Transaction ID : B-E-34916
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2388.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. Danielle Vandegriff		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 248 E 3rd Avenue		Amount of Each Disbursement this Period 378.4 Transaction ID : B-E-34935
City Columbus	State OH Zip Code 43201-3665	
Purpose of Disbursement Mileage Reimbursement	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Danielle Vandegriff		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 248 E 3rd Avenue		Amount of Each Disbursement this Period 1701.26 Transaction ID : B-E-34933
City Columbus	State OH Zip Code 43201-3665	
Purpose of Disbursement Salary and Bonus	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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:		

SUBTOTAL of Disbursements This Page (optional).....	2079.66
TOTAL This Period (last page this line number only).....	52258.53

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 26	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. Honor Flight Columbus		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address PO Box 12036		Amount of Each Disbursement this Period 250 Transaction ID : B-E-34944
City Columbus	State OH	
Zip Code 43212-0036	Purpose of Disbursement Contribution	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mid-Ohio Food Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 3960 Brookham Drive		Amount of Each Disbursement this Period 1200 Transaction ID : B-E-34902
City Grove City	State OH	
Zip Code 43123-9741	Purpose of Disbursement Donation	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Muskingum County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 2812 Center Drive		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-34963
City Zanesville	State OH	
Zip Code 43701-1429	Purpose of Disbursement Contribution for Event	Category/ Type 011
Candidate Name Muskingum County Republican Party	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 26	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tiberi for Congress

Full Name (Last, First, Middle Initial) A. Ohio Republican Party		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 211 S 5th Street		Amount of Each Disbursement this Period 300 Transaction ID : B-E-34928
City Columbus State OH Zip Code 43215-5203	Purpose of Disbursement Contribution for Event <input type="checkbox"/> 011 Category/Type	
Candidate Name Ohio Republican Party	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City _____ State _____ Zip Code _____	Purpose of Disbursement	
Candidate Name	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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City _____ State _____ Zip Code _____	Purpose of Disbursement	
Candidate Name	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).....	300.00
TOTAL This Period (last page this line number only).....	2750.00