

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

TREY FOR CONGRESS

ADDRESS (number and street) ▼

P.O. BOX 421

Check if different than previously reported. (ACC)

JEFFERSONVILLE

IN

47130

2. **FEC IDENTIFICATION NUMBER** ▼

C C00590463

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

IN

09

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 / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 David Satterfield

Signature of Treasurer David Satterfield

[Electronically Filed]

Date

/ /

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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TREY 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))....	99832.60	99832.60
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	99832.60	99832.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	183889.44	183889.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	183889.44	183889.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	510443.16	
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).....	594500.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

TREY 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).....	8400.00	8400.00
(ii) Unitemized.....	355.00	355.00
(iii) TOTAL of contributions from individuals ▶	8755.00	8755.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	91077.60	91077.60
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	99832.60	99832.60
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	594500.00	594500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	594500.00	594500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	694332.60	694332.60

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	183889.44	183889.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	183889.44	183889.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	694332.60
25. SUBTOTAL (add Line 23 and Line 24).....	694332.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	183889.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	510443.16

**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 32
	<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)
TREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Brian Bader

Mailing Address 2501 High Oak Dr

City State Zip Code
Arlington TX 76012

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

Name of Employer Occupation
Bader's Lawn Care Inc. Landscape Contractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : SA11AI.4237

Amount of Each Receipt this Period
1000.00

Contribution

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

Mailing Address 12250 Amberset Dr

City State Zip Code
Knoxville TN 37922

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

Name of Employer Occupation
Self Employed CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 23 / 2015

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period
2700.00

Contribution

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

Mailing Address 190 Lillard Ln

City State Zip Code
Louisville TN 37777

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

Name of Employer Occupation
First Southern Mortgage Mortgage Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 02 / 2015

Transaction ID : SA11AI.4235

Amount of Each Receipt this Period
2700.00

Contribution

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

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

6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kenneth Hatcher

Mailing Address 1 RiverPointe Plz
#307

City Jeffersonville State IN Zip Code 47130

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2015

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period
 Contribution 1000.00

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

Mailing Address 114 Sinking Springs Rd

City Clinton State TN Zip Code 37716

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

Name of Employer Stephenson Realty & Auction Occupation Auctioneer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 25 / 2015

Transaction ID : SA11AI.4224

Amount of Each Receipt this Period
 Contribution 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period
 Contribution

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

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

2000.00

8400.00

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

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NAME OF COMMITTEE (In Full)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) TREY HOLLINGSWORTH		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Mailing Address P.O. BOX 421		Transaction ID : SA11D.4106
City JEFFERSONVILLE	State IN	Zip Code 47130
FEC ID number of contributing federal political committee. C H6IN09176	Amount of Each Receipt this Period 6500.00	
Name of Employer Self Employed	Occupation Business Owner	In-Kind - Research
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6500.00	

Full Name (Last, First, Middle Initial) TREY HOLLINGSWORTH		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Mailing Address P.O. BOX 421		Transaction ID : SA11D.4122
City JEFFERSONVILLE	State IN	Zip Code 47130
FEC ID number of contributing federal political committee. C H6IN09176	Amount of Each Receipt this Period 10000.00	
Name of Employer Self Employed	Occupation Business Owner	In-Kind - Political Strategy Consulting
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 16500.00	

Full Name (Last, First, Middle Initial) TREY HOLLINGSWORTH		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2015
Mailing Address P.O. BOX 421		Transaction ID : SA11D.4123
City JEFFERSONVILLE	State IN	Zip Code 47130
FEC ID number of contributing federal political committee. C H6IN09176	Amount of Each Receipt this Period 5000.00	
Name of Employer Self Employed	Occupation Business Owner	In-Kind - Political Strategy Consulting
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 21500.00	

SUBTOTAL of Receipts This Page (optional).....	21500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TREY HOLLINGSWORTH

Mailing Address P.O. BOX 421

City State Zip Code
JEFFERSONVILLE IN 47130

FEC ID number of contributing federal political committee. **C H6IN09176**

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
73500.00

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

Transaction ID : SA11D.4129

Amount of Each Receipt this Period
12000.00

In-Kind - Staff Payments

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

Mailing Address P.O. BOX 421

City State Zip Code
JEFFERSONVILLE IN 47130

FEC ID number of contributing federal political committee. **C H6IN09176**

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
89500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 16 2015

Transaction ID : SA11D.4130

Amount of Each Receipt this Period
4000.00

In-Kind - Staff Payments

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

Mailing Address P.O. BOX 421

City State Zip Code
JEFFERSONVILLE IN 47130

FEC ID number of contributing federal political committee. **C H6IN09176**

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
93500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 02 2015

Transaction ID : SA11D.4131

Amount of Each Receipt this Period
4000.00

In-Kind - Staff Payments

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

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

20000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TREY HOLLINGSWORTH

Mailing Address P.O. BOX 421

City State Zip Code
JEFFERSONVILLE IN 47130

FEC ID number of contributing federal political committee. **C H6IN09176**

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
120000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : SA11D.4132

Amount of Each Receipt this Period
4000.00

In-Kind - Staff Payments

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

Mailing Address P.O. BOX 421

City State Zip Code
JEFFERSONVILLE IN 47130

FEC ID number of contributing federal political committee. **C H6IN09176**

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
125400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11D.4134

Amount of Each Receipt this Period
5400.00

In-Kind - Staff Payments

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

Mailing Address P.O. BOX 421

City State Zip Code
JEFFERSONVILLE IN 47130

FEC ID number of contributing federal political committee. **C H6IN09176**

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
158569.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11D.4135

Amount of Each Receipt this Period
33169.00

In-Kind - Media Production/Placement

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

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

42569.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TREY HOLLINGSWORTH

Mailing Address P.O. BOX 421

City State Zip Code
JEFFERSONVILLE IN 47130

FEC ID number of contributing federal political committee. **C H6IN09176**

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
183969.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 17 2015

Transaction ID : SA11D.4136

Amount of Each Receipt this Period
5400.00

In-Kind - Staff Payments

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

Mailing Address P.O. BOX 421

City State Zip Code
JEFFERSONVILLE IN 47130

FEC ID number of contributing federal political committee. **C H6IN09176**

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
185577.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 28 2015

Transaction ID : SA11D.4156

Amount of Each Receipt this Period
1608.60

In-Kind - Postage

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).....

7008.60

91077.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TREY HOLLINGSWORTH

Mailing Address P.O. BOX 421

City State Zip Code
JEFFERSONVILLE IN 47130

FEC ID number of contributing federal political committee. **C H6IN09176**

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
61500.00

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

Transaction ID : SA13A.4160

Amount of Each Receipt this Period
40000.00

Loan to Exploratory Committee

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

Mailing Address P.O. BOX 421

City State Zip Code
JEFFERSONVILLE IN 47130

FEC ID number of contributing federal political committee. **C H6IN09176**

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
85500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 06 2015

Transaction ID : SA13A.4161

Amount of Each Receipt this Period
12000.00

Loan to Exploratory Committee

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

Mailing Address P.O. BOX 421

City State Zip Code
JEFFERSONVILLE IN 47130

FEC ID number of contributing federal political committee. **C H6IN09176**

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
116000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 04 2015

Transaction ID : SA13A.4162

Amount of Each Receipt this Period
22500.00

Loan to Campaign Committee

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

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

74500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 32
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TREY HOLLINGSWORTH

Mailing Address P.O. BOX 421

City State Zip Code
JEFFERSONVILLE IN 47130

FEC ID number of contributing federal political committee. **C H6IN09176**

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
178569.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 30 2015

Transaction ID : SA13A.4163

Amount of Each Receipt this Period
20000.00

Loan to Campaign Committee

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

Mailing Address P.O. BOX 421

City State Zip Code
JEFFERSONVILLE IN 47130

FEC ID number of contributing federal political committee. **C H6IN09176**

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
685577.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 29 2015

Transaction ID : SA13A.4164

Amount of Each Receipt this Period
500000.00

Loan to Campaign Committee

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).....

520000.00

594500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32			
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Viewpoint Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 1199 N Fairfax St Suite 808		Amount of Each Disbursement this Period 16250.00 Transaction ID : SB17.4165
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Polling Expense	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:		

Full Name (Last, First, Middle Initial) B. Arent Fox LLP		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 1717 K Street NW		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4173
City Washington	State DC Zip Code 20006	
Purpose of Disbursement Legal Services	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:		

Full Name (Last, First, Middle Initial) c. Go Big Media Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 1875 Connecticut Avenue NW 10th Floor		Amount of Each Disbursement this Period 2405.00 Transaction ID : SB17.4188
City Washington	State DC Zip Code 20009	
Purpose of Disbursement Digital Media 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:		

SUBTOTAL of Disbursements This Page (optional).....	23655.00
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 32			
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Go Big Media Inc		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 1875 Connecticut Avenue NW 10th Floor		Amount of Each Disbursement this Period 6515.00
City Washington State DC Zip Code 20009	Transaction ID : SB17.4191	
Purpose of Disbursement Website Design	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:		

Full Name (Last, First, Middle Initial) B. Go Big Media Inc		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 1875 Connecticut Avenue NW 10th Floor		Amount of Each Disbursement this Period 5015.00
City Washington State DC Zip Code 20009	Transaction ID : SB17.4205	
Purpose of Disbursement Media Production/Placement	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:		

Full Name (Last, First, Middle Initial) c. Huckaby Davis Lisker		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 228 S Washington St Suite 115		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	Transaction ID : SB17.4193	
Purpose of Disbursement FEC Compliance and Accounting	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).....	12530.00
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 32			
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Huckaby Davis Lisker			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015		
Mailing Address 228 S Washington St Suite 115			Amount of Each Disbursement this Period 1080.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17.4207		
Purpose of Disbursement FEC Compliance and Accounting		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:					

Full Name (Last, First, Middle Initial) B. Intelz			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015		
Mailing Address 4514 Cole Avenue Suite 625			Amount of Each Disbursement this Period 6500.00		
City Dallas	State TX	Zip Code 75205	Transaction ID : SB17.4168		
Purpose of Disbursement Research		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:					

Full Name (Last, First, Middle Initial) C. Intelz			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015		
Mailing Address 4514 Cole Avenue Suite 625			Amount of Each Disbursement this Period 5000.00		
City Dallas	State TX	Zip Code 75205	Transaction ID : SB17.4184		
Purpose of Disbursement Research		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).....	12580.00
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 16 OF 32	
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Intelz		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address 4514 Cole Avenue Suite 625		Amount of Each Disbursement this Period 5000.00
City Dallas	State TX Zip Code 75205	
Purpose of Disbursement Research	Category/Type	Transaction ID : SB17.4203
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. Rachel Jacobs		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 124 W. Chestnut #12		Amount of Each Disbursement this Period 1739.17
City Jeffersonville	State IN Zip Code 47130	
Purpose of Disbursement Expense Reimbursement	Category/Type	Transaction ID : SB17.4196
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. Orbitz		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 500 W Madison St Ste 1000		Amount of Each Disbursement this Period 569.64
City Chicago	State IL Zip Code 60661	
Purpose of Disbursement Travel Expenses	Category/Type	Transaction ID : SB17.4196.0 [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).....	6739.17
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 32			
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Payless Car Rental		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 7426 New Ridge Rd		Amount of Each Disbursement this Period 577.79
City Hanover	State MD	
Zip Code 21076	Purpose of Disbursement Car Rental	Transaction ID : SB17.4196.1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Jamestown Associates		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 116 Craig Rd		Amount of Each Disbursement this Period 3500.00
City Manalapan	State NJ	
Zip Code 07726	Purpose of Disbursement Political Strategy Consulting	Transaction ID : SB17.4210
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Jamestown Associates		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 116 Craig Rd		Amount of Each Disbursement this Period 1015.57
City Manalapan	State NJ	
Zip Code 07726	Purpose of Disbursement Travel Expense Reimbursement	Transaction ID : SB17.4211
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4515.57
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 32			
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jamestown Associates			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 116 Craig Rd			Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4212
City Manalapan	State NJ	Zip Code 07726	
Purpose of Disbursement Political Strategy Consulting		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Jamestown Associates			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 116 Craig Rd			Amount of Each Disbursement this Period 337.00 Transaction ID : SB17.4213
City Manalapan	State NJ	Zip Code 07726	
Purpose of Disbursement Travel Expense Reimbursement		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. Jamestown Associates			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 116 Craig Rd			Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4214
City Manalapan	State NJ	Zip Code 07726	
Purpose of Disbursement Political Strategy Consulting		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5337.00
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 19 OF 32			
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jamestown Associates		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 116 Craig Rd		Amount of Each Disbursement this Period 22030.00
City Manalapan	State NJ	
Zip Code 07726	Purpose of Disbursement Political Strategy Consulting and Media Produciton/Placement	Transaction ID : SB17.4216
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Revolvis Consulting Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 7185 Navajo Road Suite P		Amount of Each Disbursement this Period 2500.00
City San Diego	State CA	
Zip Code 92119	Purpose of Disbursement Political Budgeting Consulting	Transaction ID : SB17.4170
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Revolvis Consulting Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 7185 Navajo Road Suite P		Amount of Each Disbursement this Period 2500.00
City San Diego	State CA	
Zip Code 92119	Purpose of Disbursement Political Budgeting Consulting	Transaction ID : SB17.4186
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	27030.00
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 20 OF 32			
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Trey Hollingsworth		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address P.O. Box 421		Amount of Each Disbursement this Period 6500.00
City Jeffersonville	State IN	
Zip Code 47130	Purpose of Disbursement In-Kind - Research	Transaction ID : SB17.4114
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Intelz		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 4514 Cole Avenue Suite 625		Amount of Each Disbursement this Period 6500.00
City Dallas	State TX	
Zip Code 75205	Purpose of Disbursement Research	Transaction ID : SB17.4114.0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Trey Hollingsworth		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address P.O. Box 421		Amount of Each Disbursement this Period 10000.00
City Jeffersonville	State IN	
Zip Code 47130	Purpose of Disbursement In-Kind - Political Strategy Consulting	Transaction ID : SB17.4124
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	16500.00
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 21 OF 32	
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jamestown Associates			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 116 Craig Rd			Amount of Each Disbursement this Period 5,000.00 Transaction ID : SB17.4124.0
City Manalapan	State NJ	Zip Code 07726	
Purpose of Disbursement In-Kind - Political Strategy Consulting		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Trey Hollingsworth			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address P.O. Box 421			Amount of Each Disbursement this Period 5,000.00 Transaction ID : SB17.4125
City Jeffersonville	State IN	Zip Code 47130	
Purpose of Disbursement In-Kind - Political Strategy Consulting		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. Jamestown Associates			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 116 Craig Rd			Amount of Each Disbursement this Period 5,000.00 Transaction ID : SB17.4125.0
City Manalapan	State NJ	Zip Code 07726	
Purpose of Disbursement In-Kind - Political Strategy Consulting		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5000.00
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 22 OF 32			
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Trey Hollingsworth			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address P.O. Box 421			Amount of Each Disbursement this Period 12000.00 Transaction ID : SB17.4138
City Jeffersonville	State IN	Zip Code 47130	
Purpose of Disbursement In-Kind - Staff Payments		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:			

Full Name (Last, First, Middle Initial) B. Rachel Jacobs			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 124 W. Chestnut #12			Amount of Each Disbursement this Period 12000.00 Transaction ID : SB17.4138.0 [MEMO ITEM]
City Jeffersonville	State IN	Zip Code 47130	
Purpose of Disbursement Payroll		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:			

Full Name (Last, First, Middle Initial) c. Trey Hollingsworth			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address P.O. Box 421			Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4139
City Jeffersonville	State IN	Zip Code 47130	
Purpose of Disbursement In-Kind - Staff Payments		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).....	16000.00
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 23 OF 32	
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Rachel Jacobs		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 124 W. Chestnut #12		Amount of Each Disbursement this Period 4000.00
City Jeffersonville	State IN	Zip Code 47130
Purpose of Disbursement Payroll	Category/Type	
Candidate Name	Transaction ID : SB17.4139.0	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Trey Hollingsworth		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address P.O. Box 421		Amount of Each Disbursement this Period 4000.00
City Jeffersonville	State IN	Zip Code 47130
Purpose of Disbursement In-Kind - Staff Payments	Category/Type	
Candidate Name	Transaction ID : SB17.4140	
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. Rachel Jacobs		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 124 W. Chestnut #12		Amount of Each Disbursement this Period 4000.00
City Jeffersonville	State IN	Zip Code 47130
Purpose of Disbursement Payroll	Category/Type	
Candidate Name	Transaction ID : SB17.4140.0	
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:	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional)	4000.00
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 24 OF 32			
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Trey Hollingsworth		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015
Mailing Address P.O. Box 421		Amount of Each Disbursement this Period 4000.00
City Jeffersonville	State IN	
Zip Code 47130	Purpose of Disbursement In-Kind - Staff Payments	Transaction ID : SB17.4141
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Rachel Jacobs		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015
Mailing Address 124 W. Chestnut #12		Amount of Each Disbursement this Period 4000.00
City Jeffersonville	State IN	
Zip Code 47130	Purpose of Disbursement Payroll	Transaction ID : SB17.4141.0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Trey Hollingsworth		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address P.O. Box 421		Amount of Each Disbursement this Period 5400.00
City Jeffersonville	State IN	
Zip Code 47130	Purpose of Disbursement In-Kind - Staff Payments	Transaction ID : SB17.4142
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9400.00
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 25 OF 32			
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Rachel Jacobs		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 124 W. Chestnut #12		Amount of Each Disbursement this Period 4000.00
City Jeffersonville	State IN	
Zip Code 47130	Purpose of Disbursement Payroll	Transaction ID : SB17.4142.0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Brantley Seifers		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 304 W Riverside Dr, Apt #3		Amount of Each Disbursement this Period 1400.00
City Jeffersonville	State IN	
Zip Code 47130	Purpose of Disbursement Payroll	Transaction ID : SB17.4142.1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Trey Hollingsworth		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address P.O. Box 421		Amount of Each Disbursement this Period 33169.00
City Jeffersonville	State IN	
Zip Code 47130	Purpose of Disbursement In-Kind - Media Production/Placement	Transaction ID : SB17.4143
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	33169.00
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 32			
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jamestown Associates			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015	
Mailing Address 116 Craig Rd			Amount of Each Disbursement this Period 33169.00	
City Manalapan	State NJ	Zip Code 07726	Transaction ID : SB17.4143.0	
Purpose of Disbursement Media Production/Placement		Category/ Type	[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) B. Trey Hollingsworth			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015	
Mailing Address P.O. Box 421			Amount of Each Disbursement this Period 5400.00	
City Jeffersonville	State IN	Zip Code 47130	Transaction ID : SB17.4144	
Purpose of Disbursement In-Kind - Staff Payments		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:				

Full Name (Last, First, Middle Initial) c. Rachel Jacobs			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015	
Mailing Address 124 W. Chestnut #12			Amount of Each Disbursement this Period 4000.00	
City Jeffersonville	State IN	Zip Code 47130	Transaction ID : SB17.4144.0	
Purpose of Disbursement Payroll		Category/ Type	[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).....	5400.00
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 27 OF 32	
	<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)
TREY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Brantley Seifers		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 304 W Riverside Dr, Apt #3		Amount of Each Disbursement this Period 1400.00
City Jeffersonville State IN Zip Code 47130	Category/Type	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : SB17.4144.1 [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. Trey Hollingsworth		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address P.O. Box 421		Amount of Each Disbursement this Period 1608.60
City Jeffersonville State IN Zip Code 47130	Category/Type	
Purpose of Disbursement In-Kind - Postage	Candidate Name	Transaction ID : SB17.4157
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. Finline Printing		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 8081 Zionsville Road		Amount of Each Disbursement this Period 1608.60
City Indianapolis State IN Zip Code 46268	Category/Type	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.4157.0 [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).....	1608.60
TOTAL This Period (last page this line number only).....	183464.34

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
TREY FOR CONGRESS

Transaction ID : **SC/10.4160**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

TREY HOLLINGSWORTH

Primary

General

Other (specify) ▼

Mailing Address
P.O. BOX 421

City State ZIP Code
JEFFERSONVILLE IN 47130

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
40000.00 0.00 40000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

28

2015

On Demand

0.00

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 40000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **TREY FOR CONGRESS** Transaction ID : **SC/10.4161**

LOAN SOURCE Full Name (Last, First, Middle Initial) **TREY HOLLINGSWORTH** *[PERSONAL FUNDS]* Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address P.O. BOX 421
 City State ZIP Code
 JEFFERSONVILLE IN 47130

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12000.00	0.00	12000.00

TERMS
 Date Incurred: M 10 / D 06 / Y 2015
 Date Due: M / D / Y On Demand
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 12000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **TREY FOR CONGRESS** Transaction ID : **SC/10.4162**

LOAN SOURCE Full Name (Last, First, Middle Initial) **TREY HOLLINGSWORTH** *[PERSONAL FUNDS]* Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address P.O. BOX 421
 City State ZIP Code
 JEFFERSONVILLE IN 47130

Original Amount of Loan 22500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 22500.00
-------------------------------------	------------------------------------	---

TERMS
 Date Incurred: M 11 / D 04 / Y 2015
 Date Due: M M / D D / Y On Demand
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 22500.00
TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
TREY FOR CONGRESS

Transaction ID : **SC/10.4163**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

TREY HOLLINGSWORTH

Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 421

City State ZIP Code
JEFFERSONVILLE IN 47130

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
20000.00 0.00 20000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 30 / Y 2015 M M / D D / On Demand 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 20000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
TREY FOR CONGRESS

Transaction ID : **SC/10.4164**

LOAN SOURCE Full Name (Last, First, Middle Initial)

TREY HOLLINGSWORTH

[PERSONAL FUNDS]

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 421

City State ZIP Code
JEFFERSONVILLE IN 47130

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	0.00	500000.00

TERMS

Date Incurred: M 12 / D 29 / Y 2015
 Date Due: M / D / Y On Demand
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	500000.00
TOTALS This Period (last page in this line only).....	594500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.