

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

Canary Fund

ADDRESS (number and street)

PO Box 15293

Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

C C00555342

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OH

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Judith Zamore

Signature of Treasurer Judith Zamore

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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
Canary Fund

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))....	109020.00	198770.00
(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)).....	109020.00	198770.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15666.80	33560.74
(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)).....	15666.80	33560.74
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5349.26	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

Canary Fund

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2015 To: M M / D D / Y Y Y Y 12 / 31 / 2015

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).....	60000.00	81750.00
(ii) Unitemized.....	1920.00	1920.00
(iii) TOTAL of contributions from individuals ▶	61920.00	83670.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	47100.00	115100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	109020.00	198770.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	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)..... ▶	109020.00	198770.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15666.80	33560.74
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	119385.00	159860.00
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) ►	135051.80	193420.74

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	31381.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	109020.00
25. SUBTOTAL (add Line 23 and Line 24).....	140401.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	135051.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5349.26

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

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

FOR LINE NUMBER: PAGE 5 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Sylvia L. Goldberg

Mailing Address 176 Preston Rd

City Columbus State OH Zip Code 43209-1653

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

Name of Employer Not Employed Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : C6425450

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Peter H. Edwards

Mailing Address 2531 Tremont Rd

City Columbus State OH Zip Code 43221-3729

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

Name of Employer Edwards Land Company Occupation Home Builder, Chair of Board

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : C6425440

Amount of Each Receipt this Period
500.00

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

Mailing Address 1953 English Turn Dr

City Grove City State OH Zip Code 43123-8113

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

Name of Employer The Ohio State University Occupation Veterinarian

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : C6425670

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 43
	<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)
Canary Fund

A. Full Name (Last, First, Middle Initial)
John Anthony Logan

Mailing Address 4740 Hayden Run Rd

City Columbus State OH Zip Code 43221

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

Name of Employer US Department of Agriculture Occupation Government Service

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : C6426580

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
John F. Shelley

Mailing Address 17401 Shaker Blvd

City Shaker Heights State OH Zip Code 44122-3439

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

Name of Employer CWRU - Office of Planned Giving Occupation Executive Director

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : C6426610

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Marcia W. Levine

Mailing Address 2678 Rochester Rd

City Shaker Heights State OH Zip Code 44122-2165

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

Name of Employer Not Employed Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : C6425441

Amount of Each Receipt this Period
2500.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 43
	<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)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Elin Leonard

Mailing Address 298 Corning Dr

City Cleveland State OH Zip Code 44108-1012

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

Name of Employer Not Employed Occupation Not Employed

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : C6425451

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Lisa D. Lystad

Mailing Address 2421 Edgehill Rd

City Cleveland Heights State OH Zip Code 44106-2407

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

Name of Employer Cleveland Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : C6426611

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Douglas L. Rogers

Mailing Address 2516 Sherwin Rd

City Columbus State OH Zip Code 43221-3624

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

Name of Employer Not Employed Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : C6433571

Amount of Each Receipt this Period
500.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Lynda Goldberg

Mailing Address 7681 Seminary Rd

City Columbus State OH Zip Code 43235

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

Name of Employer OSUCCC-James Occupation Health Services Research

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : C6425442

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
Loraine M. Treneff

Mailing Address 148 Executive Ct

City Westerville State OH Zip Code 43081-1474

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

Name of Employer Craig P. Treneff Law Office Occupation Administrative Assistant

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : C6426562

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Carol J. Andreae

Mailing Address 2486 Bexley Park Rd

City Bexley State OH Zip Code 43209-2123

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

Name of Employer Not Employed Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : C6426572

Amount of Each Receipt this Period
 500.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 9 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Judy R. Garel

Mailing Address 12 Lyonsgate

City Columbus State OH Zip Code 43209-1481

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

Name of Employer Not Employed Occupation Homemaker

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : C6433572

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Gerald K. Carlisle

Mailing Address 7609 Glen Echo Dr

City Gates Mills State OH Zip Code 44040-9772

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

Name of Employer Not Employed Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : C6433582

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Mary K. Lazarus

Mailing Address 2094 Park Hill Dr

City Columbus State OH Zip Code 43209-1641

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

Name of Employer Not Employed Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : C6425443

Amount of Each Receipt this Period
500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Nathan Gordon

Mailing Address 2485 E Broad St

City Columbus State OH Zip Code 43209-1757

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : C6426583

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Herbert A. Wainer

Mailing Address 30 Farmcote Dr

City Moreland Hills State OH Zip Code 44022-6840

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

Name of Employer Horizons, Inc. Occupation Executive

Receipt For:
 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 : C6433573

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Robert P. Mone

Mailing Address 1998 Cardigan Ave

City Columbus State OH Zip Code 43212-2717

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

Name of Employer Thompson Hine LLP Occupation Attorney

Receipt For:
 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 : C6433583

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 11 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Kevin Lee Zacovic

Mailing Address 2729 W 40th St

City Lorain State OH Zip Code 44053-2252

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

Name of Employer Not Employed Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : C6440764

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Elizabeth P. Kessler

Mailing Address 4633 Yantis Dr

City New Albany State OH Zip Code 43054-8910

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

Name of Employer Jones Day Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : C6425454

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Craig P. Treneff

Mailing Address 148 Executive Ct

City Westerville State OH Zip Code 43081-1474

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : C6425564

Amount of Each Receipt this Period
1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 43
	<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)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Carolyn Whittington

Mailing Address 18975 Van Aken Blvd
Apt 204

City Beachwood State OH Zip Code 44122

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

Name of Employer Not Employed Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : C6426694

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
David J. Hooker

Mailing Address 1800 County Line Rd

City Gates Mills State OH Zip Code 44040-9802

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

Name of Employer Thompson Hine, LLP Occupation Attorney

Receipt For:
 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 : C6433574

Amount of Each Receipt this Period
1000.00

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

Mailing Address 12474 Cedar Rd

City Cleveland Heights State OH Zip Code 44106-3138

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

Name of Employer Not Employed Occupation Homemaker

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : C6449904

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 13 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Eric D. Friedman Esq.

Mailing Address 3249 Somerset Dr

City State Zip Code
Beachwood OH 44122-3872

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

Name of Employer Occupation
Edward Holdings LLC Chairman & CEO

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : C6425435

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Richard C. Pfeiffer Jr.

Mailing Address 238 E Royal Forest Blvd

City State Zip Code
Columbus OH 43214-2128

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

Name of Employer Occupation
City of Columbus Attorney

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

Transaction ID : C6426565

Amount of Each Receipt this Period
250.00

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

Mailing Address 35 N 4th St
Apt 200

City State Zip Code
Columbus OH 43215-3641

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

Name of Employer Occupation
Brunner Quinn Attorney

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

Transaction ID : C6426585

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 14 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Francine Belkin

Mailing Address 2219 Landerhaven Ct

City Cleveland State OH Zip Code 44124

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

Name of Employer Not Employed Occupation Retired

Receipt For:
 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 : C6433575

Amount of Each Receipt this Period
 _____ 1000.00

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

Mailing Address 17300 Parkland Dr

City Cleveland State OH Zip Code 44120-2552

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

Name of Employer Not Employed Occupation Homemaker

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : C6449905

Amount of Each Receipt this Period
 _____ 1250.00

C. Full Name (Last, First, Middle Initial)
E. Marianne Gabel Esq.

Mailing Address 49 Forest Ave

City Delaware State OH Zip Code 43015-1620

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : C6418076

Amount of Each Receipt this Period
 _____ 2500.00

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

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

_____ 4750.00

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

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

FOR LINE NUMBER: PAGE 15 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Jane Kirk Ackley

Mailing Address 5770 Clark State Rd

City State Zip Code
Gahanna OH 43230-1906

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

Name of Employer Occupation
Not Employed Not Employed

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : C6425436

Amount of Each Receipt this Period
500.00

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

Mailing Address 74 S Stanwood Rd

City State Zip Code
Columbus OH 43209-1871

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

Name of Employer Occupation
Vorys, Sater, Seymour and Pease, LLP Attorney

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : C6425446

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Robert Moroz Taylor M.D.

Mailing Address 3719 Olentangy Blvd

City State Zip Code
Columbus OH 43214-3622

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

Name of Employer Occupation
The Ohio State University Physician

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

Transaction ID : C642576

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 16 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Patricia R. Hatler

Mailing Address 17 N Parkview Ave

City State Zip Code
Columbus OH 43209-1434

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

Name of Employer Occupation
Nationwide Insurance Attorney

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

Transaction ID : C6426586

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Carole F. Hoover

Mailing Address 2 Bratenahl Pl
Apt 7A

City State Zip Code
Cleveland OH 44108-1171

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

Name of Employer Occupation
Hoover Milstein President & CEO

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : C6433576

Amount of Each Receipt this Period
2500.00

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

Mailing Address 50 Public Sq
Ste 1600

City State Zip Code
Cleveland OH 44113-2295

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

Name of Employer Occupation
Forest City Enterprises Real Estate Executive

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 09 / 2015

Transaction ID : C6449906

Amount of Each Receipt this Period
1250.00

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

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

4250.00

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

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

FOR LINE NUMBER: PAGE 17 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Charlene Phelps

Mailing Address 16557 Merrill Ct

City State Zip Code
Chagrin Halls OH 44023

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

Name of Employer Occupation
Not Employed Retired

Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : C6418077

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Janet A. Carlisle

Mailing Address 7609 Glen Echo Dr

City State Zip Code
Gates Mills OH 44040-9772

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

Name of Employer Occupation
Not Employed Homemaker

Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) **2500.00**

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

Transaction ID : C6472407

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Elizabeth B. Crane

Mailing Address 279 N Columbia Ave

City State Zip Code
Columbus OH 43209-1417

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

Name of Employer Occupation
Not Employed Retired

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

Transaction ID : C6426587

Amount of Each Receipt this Period
1000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Richard J. Bogomolny

Mailing Address 530 Battles Rd

City Gates Mills State OH Zip Code 44040-9767

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

Name of Employer Not Employed Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : C6418078

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Grant Morrow III

Mailing Address 253 N Columbia Ave

City Columbus State OH Zip Code 43209

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

Name of Employer Ohio State University Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : C6425448

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Richard L. Demsey Esq.

Mailing Address 2640 Hickory Ln

City Cleveland State OH Zip Code 44124-4211

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

Name of Employer Richard L. Demsey Co. LPA Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : C6426598

Amount of Each Receipt this Period
250.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 19 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
J. Donald Cairns
 Mailing Address 10200 Lake Shore Blvd
 City State Zip Code
 Bratenahl OH 44108-1059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Spieth, Bell, McCurdy & Newell Co. L.P Attorney
 Receipt For: Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 05 2015
Transaction ID : C6433578
 Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Susan M. Adams
 Mailing Address 420 Old Reservoir Rd
 City State Zip Code
 Berea OH 44017-2561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Not Employed Retired
 Receipt For: Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 01 2015
Transaction ID : C6426589
 Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Ansir Junaid
 Mailing Address 2678 Eaton Rd
 City State Zip Code
 Cleveland OH 44118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PWC International President
 Receipt For: Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 01 2015
Transaction ID : C6426609
 Amount of Each Receipt this Period
 500.00

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

1500.00

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

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

FOR LINE NUMBER: PAGE 20 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
David S. Goodman Esq.

Mailing Address 2236 Elandon Dr

City Cleveland Heights State OH Zip Code 44106-4609

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

Name of Employer Squire Patton Boggs Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : C6433579

Amount of Each Receipt this Period
500.00

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

Mailing Address 435 Berwick Circle

City Aurora State OH Zip Code 44202

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

Name of Employer Morgan Stanley Smith Barney Occupation Investor

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : C6435080A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
16750.00

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

Transaction ID : C6435080AB

Amount of Each Receipt this Period
500.00

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

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

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

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 21 OF 43
	<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)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Therese Squeri

Mailing Address 3047 Waterfall Way

City State Zip Code
Westlake OH 44145

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

Name of Employer Occupation
Not Employed Homemaker

Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) **750.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2015

Transaction ID : C6427782A

Amount of Each Receipt this Period

750.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) **16750.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2015

Transaction ID : C6427782AB

Amount of Each Receipt this Period

750.00

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

C. Full Name (Last, First, Middle Initial)
Martin H. Belsky

Mailing Address 344 Village Pointe Dr
Apt A

City State Zip Code
Akron OH 44313-7470

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

Name of Employer Occupation
University of Akron Professor

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

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2015

Transaction ID : C6427783A

Amount of Each Receipt this Period

1000.00

* Earmarked Contribution: See Below

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 43
	<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)
Canary Fund

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

Mailing Address **PO Box 382110**

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

FEC ID number of contributing federal political committee. **C C00401224**

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

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **16750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : C6427783AB

Amount of Each Receipt this Period
 _____ **1000.00**

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

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

Mailing Address **1301 Pennsylvania Ave NW
Ste 1050**

City **Washington** State **DC** Zip Code **20004-1702**

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

Name of Employer **FHL Bank Pittsburgh** Occupation
Director of Government Relations

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **1000.00**

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

Transaction ID : C6419204A

Amount of Each Receipt this Period
 _____ **1000.00**

*** Earmarked Contribution: See Below**

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

Mailing Address **PO Box 382110**

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

FEC ID number of contributing federal political committee. **C C00401224**

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

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **16750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 18 / 2015

Transaction ID : C6419204AB

Amount of Each Receipt this Period
 _____ **1000.00**

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

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

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

_____ **1000.00**

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

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

FOR LINE NUMBER: PAGE 23 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Raymond T. Sawyer
 Mailing Address 2425 N Park Blvd
 Apt 3A
 City Cleveland State OH Zip Code 44106-3154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Not Employed Occupation Retired
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt 10 / 31 / 2015
Transaction ID : C6427784A
 Amount of Each Receipt this Period 1000.00
 * Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue
 Mailing Address PO Box 382110
 City Cambridge State MA Zip Code 02238-2110
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date 16750.00

Date of Receipt 10 / 31 / 2015
Transaction ID : C6427784AB
 Amount of Each Receipt this Period 1000.00
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Brian Riano
 Mailing Address 135 Central Park W
 Apt 35
 City New York State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Claren Road Asset Manager Occupation Founding Member & CEO
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date 5000.00

Date of Receipt 10 / 07 / 2015
Transaction ID : C6343706A
 Amount of Each Receipt this Period 5000.00
 * Earmarked Contribution: See Below

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

6000.00

**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 24 OF 43
	<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)
Canary Fund

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

Mailing Address **PO Box 382110**

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

FEC ID number of contributing federal political committee. **C C00401224**

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

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
16750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		11		2015

Transaction ID : C6343706AB

Amount of Each Receipt this Period

5000.00

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

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

Mailing Address **43 Fifth Ave
Apt 2W**

City **New York** State **NY** Zip Code **10003**

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

Name of Employer **Claren Road Asset Manager** Occupation **Co-Founder & CIO**

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

Transaction ID : C6343707A

Amount of Each Receipt this Period

5000.00

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

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

FEC ID number of contributing federal political committee. **C C00401224**

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

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
16750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		11		2015

Transaction ID : C6343707AB

Amount of Each Receipt this Period

5000.00

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

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 25 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Elizabeth Z. Bartz

Mailing Address 1882 Larchmont Rd

City Akron State OH Zip Code 44313-6018

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

Name of Employer State and Federal Communications, Inc. Occupation President & CEO

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 11 / 03 / 2015

Transaction ID : C6435078A

Amount of Each Receipt this Period 1000.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 16750.00

Date of Receipt 11 / 08 / 2015

Transaction ID : C6435078AB

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 1600 Roxbury Rd

City Columbus State OH Zip Code 43212-2724

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

Name of Employer Taft Law Occupation Attorney

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 11 / 03 / 2015

Transaction ID : C6435079A

Amount of Each Receipt this Period 1000.00

* Earmarked Contribution: See Below

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 43
	<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)
Canary Fund

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
16750.00

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

Transaction ID : C6435079AB

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Janet M. Carson

Mailing Address 8860 Apple Hill Rd

City Chagrin Falls State OH Zip Code 44023-5822

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

Name of Employer Occupation
Insurance Diversified Agency, Inc. Owner

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2015

Transaction ID : C6438279A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
16750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2015

Transaction ID : C6438279AB

Amount of Each Receipt this Period
500.00

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

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

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

500.00

60000.00

**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 27 OF 43
	<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)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Airbus Group, Inc. PAC

Mailing Address 2550 Wasser Ter
Ste 9000

City Herndon State VA Zip Code 20171-6382

FEC ID number of contributing federal political committee. **C C00421230**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : C6423870

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
The American Congress of OB-GYNs PAC (OB-GYN PAC)

Mailing Address 409 12th St SW

City Washington State DC Zip Code 20024-2125

FEC ID number of contributing federal political committee. **C C00364158**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : C6339820

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
National Weather Service Employees Org.

Mailing Address 601 Pennsylvania Ave NW
Ste 900

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C C00318311**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : C6448201

Amount of Each Receipt this Period
1000.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 28 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Community Action Program Political Action Committee (CAP-PAC)

Mailing Address 1 Massachusetts Ave NW
Ste 310

City Washington State DC Zip Code 20001-1420

FEC ID number of contributing federal political committee. **C** C00163048

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2015

Transaction ID : C6449901

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
The Chubb Corporation PAC

Mailing Address 15 Mountainview Rd

City Warren State NJ Zip Code 07059-6711

FEC ID number of contributing federal political committee. **C** C00229203

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : C6339772

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Cox Enterprises PAC (COXPAC, Inc.)

Mailing Address 975 F St NW
Ste 300

City Washington State DC Zip Code 20004-1459

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

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

Transaction ID : C6448202

Amount of Each Receipt this Period
2500.00

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 29 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
Friends of Nickie J. Antonio

Mailing Address 1305 Belle Ave

City State Zip Code
Lakewood OH 44107

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 24 / 2015

Transaction ID : C6443852

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
United States Steel Corporation PAC

Mailing Address 600 Grant St
Rm 669

City State Zip Code
Pittsburgh PA 15219-2702

FEC ID number of contributing federal political committee. **C** C00030676

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 01 / 2015

Transaction ID : C6339773

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Allstate Insurance Company PAC

Mailing Address 2775 Sanders Rd
Ste A2W

City State Zip Code
Northbrook IL 60062-6110

FEC ID number of contributing federal political committee. **C** C00040253

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : C6448203

Amount of Each Receipt this Period
1500.00

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

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

6600.00

**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 30 OF 43
	<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)
Canary Fund

A. National Association of Broadcasters PAC (NABPAC)

Full Name (Last, First, Middle Initial)
Mailing Address 1771 N St NW

City Washington State DC Zip Code 20036-2800

FEC ID number of contributing federal political committee. **C C00009985**

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
 12 / 24 / 2015

Transaction ID : C6461814

Amount of Each Receipt this Period
 3000.00

B. Navistar Inc. Good Government Committee

Full Name (Last, First, Middle Initial)
Mailing Address 2701 Navistar Dr

City Lisle State IL Zip Code 60532-3637

FEC ID number of contributing federal political committee. **C C00040840**

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
 12 / 03 / 2015

Transaction ID : C6448204

Amount of Each Receipt this Period
 1000.00

C. National Pawnbrokers Association Inc Political Action Committee (NPA-PAC)

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 508

City Keller State TX Zip Code 76244-0508

FEC ID number of contributing federal political committee. **C C00307397**

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
 11 / 05 / 2015

Transaction ID : C6427786

Amount of Each Receipt this Period
 1000.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 31 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
American Association of Nurse Anesthetists CRNAPAC

Mailing Address 222 S Prospect Ave

City Park Ridge State IL Zip Code 60068-4037

FEC ID number of contributing federal political committee. **C C00173153**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : C6453416

Amount of Each Receipt this Period
 _____ 2500.00

B. Full Name (Last, First, Middle Initial)
National Association of Chain Drug Stores PAC

Mailing Address 1776 Wilson Blvd Ste 200

City Arlington State VA Zip Code 22209-2516

FEC ID number of contributing federal political committee. **C C00022368**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : C6461817

Amount of Each Receipt this Period
 _____ 2000.00

C. Full Name (Last, First, Middle Initial)
American Financial Services Association PAC

Mailing Address 919 18th St NW

City Washington State DC Zip Code 20006-5519

FEC ID number of contributing federal political committee. **C C00038604**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 6000.00

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

Transaction ID : C6453627

Amount of Each Receipt this Period
 _____ 2500.00

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

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

_____ 7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 43
	<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)
Canary Fund

A. Depository Trust and Clearing Corporation PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1455 Pennsylvania Ave NW
Ste 725
City Washington State DC Zip Code 20004-1008

FEC ID number of contributing federal political committee. **C C00497917**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : C6444158

Amount of Each Receipt this Period
5000.00

B. Quicken Loans, Inc. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 101 S Washington Sq
Ste 620
City Lansing State MI Zip Code 48933-1708

FEC ID number of contributing federal political committee. **C C00388827**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : C6453628

Amount of Each Receipt this Period
5000.00

C. American Wind Energy PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1501 M St NW
FI 10
City Washington State DC Zip Code 20005-1700

FEC ID number of contributing federal political committee. **C C00259572**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : C6423869

Amount of Each Receipt this Period
1000.00

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

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

11000.00

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

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

FOR LINE NUMBER: PAGE 33 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Canary Fund

A. Full Name (Last, First, Middle Initial)
The Hartford PAC

Mailing Address 1 Hartford Plz
HO-1-11

City Hartford State CT Zip Code 06155-0001

FEC ID number of contributing federal political committee. **C** C00168864

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 09 / 2015

Transaction ID : C6435019

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Council of Insurance Agents & Brokers PAC

Mailing Address 701 Pennsylvania Ave NW
Ste 750

City Washington State DC Zip Code 20004-2661

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : C6453629

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
CUNA Mutual Holding Company Political Action Committee

Mailing Address PO Box 747

City Madison State WI Zip Code 53701-0747

FEC ID number of contributing federal political committee. **C** C00402107

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : C6444159

Amount of Each Receipt this Period
1000.00

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

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

7000.00

47100.00

**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 34 OF 43		
	<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)
Canary Fund

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 108.63
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Merchant Fees	Category/Type	
Candidate Name	Transaction ID : D441991	
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 19.75
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Merchant Fees	Category/Type	
Candidate Name	Transaction ID : D442281	
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 395.00
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Merchant Fees	Category/Type	
Candidate Name	Transaction ID : D437463	
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).....	523.38
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 35 OF 43			
	<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)
Canary Fund

Full Name (Last, First, Middle Initial) A. NGP-VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 300.00
City Washington	State DC	
Zip Code 20005-5006		Transaction ID : D444863
Purpose of Disbursement Software	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. Velocity Direct		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 6410 Eastland Rd Ste G		Amount of Each Disbursement this Period 1398.81
City Cleveland	State OH	
Zip Code 44142-1306		Transaction ID : D444864
Purpose of Disbursement Printing	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. Capitol Compliance Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address PO Box 15293		Amount of Each Disbursement this Period 1417.80
City Washington	State DC	
Zip Code 20003-0293		Transaction ID : D444874
Purpose of Disbursement Compliance 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:		

SUBTOTAL of Disbursements This Page (optional).....	3116.61
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 36 OF 43			
	<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)
Canary Fund

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 39.50
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Merchant Fees	Category/Type	
Candidate Name	Transaction ID : D441485	
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. Velocity Direct		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 6410 Eastland Rd Ste G		Amount of Each Disbursement this Period 1158.51
City Cleveland	State OH	Zip Code 44142-1306
Purpose of Disbursement Printing	Category/Type	
Candidate Name	Transaction ID : D444865	
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. Verizon Communications Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 1300 I St NW Ste 400 W		Amount of Each Disbursement this Period 3500.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Event Tickets	Category/Type	
Candidate Name	Transaction ID : D444866	
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).....	4698.01
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 37 OF 43			
	<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)
Canary Fund

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 98.75
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Merchant Fees	
Candidate Name	Category/Type	Transaction ID : D442258
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. Capital One Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 3821.28
City Charlotte State NC Zip Code 28272-1083	Purpose of Disbursement Credit Card Payment-Attribution Below if Itemized	
Candidate Name	Category/Type	Transaction ID : D444857
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. Moxie		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 3355 Richmond Rd		Amount of Each Disbursement this Period 2515.68
City Beachwood State OH Zip Code 44122-4100	Purpose of Disbursement Catering	
Candidate Name	Category/Type	Transaction ID : D444858 [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).....	3920.03
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 38 OF 43			
	<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)
Canary Fund

Full Name (Last, First, Middle Initial) A. Freedom 2 Go		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 3570 Warrensville Center Rd Unit 102B		Amount of Each Disbursement this Period 1305.60
City Beachwood State OH Zip Code 44122	Purpose of Disbursement Travel	
Candidate Name	Category/Type	Transaction ID : D444859 [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. Off the Sidelines		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address PO Box 78182		Amount of Each Disbursement this Period 495.82
City Washington State DC Zip Code 20013-9182	Purpose of Disbursement Reimburse Travel	
Candidate Name	Category/Type	Transaction ID : D444860
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. The Westin-Cleveland Downtown		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 777 St.Clair Ave NE		Amount of Each Disbursement this Period 231.84
City Cleveland State OH Zip Code 44114	Purpose of Disbursement Travel	
Candidate Name	Category/Type	Transaction ID : D444861 [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).....	495.82
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 39 OF 43			
	<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)
Canary Fund

Full Name (Last, First, Middle Initial) A. Southwest Airlines			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address PO Box 36611			Amount of Each Disbursement this Period 263.98
City Dallas	State TX	Zip Code 75235-1611	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : D444862 [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. Josh Kramer			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 328 Massachusetts Ave NE			Amount of Each Disbursement this Period 15.00
City Washington	State DC	Zip Code 20002-5702	
Purpose of Disbursement Reimburse Travel		Category/ Type	Transaction ID : D444867
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. The Kauffman Group			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 328 Massachusetts Ave NE			Amount of Each Disbursement this Period 1400.86
City Washington	State DC	Zip Code 20002-5702	
Purpose of Disbursement Reimburse Catering		Category/ Type	Transaction ID : D444869
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).....	1415.86
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 40 OF 43			
	<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)
Canary Fund

Full Name (Last, First, Middle Initial) A. Trattoria Alberto		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 506 8th St SE		Amount of Each Disbursement this Period 1400.86
City Washington	State DC	
Zip Code 20003-2834	Purpose of Disbursement Catering	Transaction ID : D444870
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. The Kauffman Group		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 328 Massachusetts Ave NE		Amount of Each Disbursement this Period 1250.89
City Washington	State DC	
Zip Code 20002-5702	Purpose of Disbursement Reimburse Catering	Transaction ID : D444873
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. Trattoria Alberto		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 506 8th St SE		Amount of Each Disbursement this Period 1250.89
City Washington	State DC	
Zip Code 20003-2834	Purpose of Disbursement Catering	Transaction ID : D444872
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:		

SUBTOTAL of Disbursements This Page (optional).....	1250.89
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 41 OF 43		
	<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)
Canary Fund

Full Name (Last, First, Middle Initial) A. Josh Kramer		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 328 Massachusetts Ave NE		Amount of Each Disbursement this Period 246.20
City Washington State DC Zip Code 20002-5702	Purpose of Disbursement Reimburse Travel	
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)	Transaction ID : D444875
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	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.		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).....	246.20
TOTAL This Period (last page this line number only).....	15666.80

**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 42 OF 43
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Canary Fund

Full Name (Last, First, Middle Initial) A. America Works PAC		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 15293		Amount of Each Disbursement this Period 9999.99 49590.00
City Washington State DC Zip Code 20003-0293	Purpose of Disbursement Transfer	
Candidate Name	Category/Type	Transaction ID : D444892
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. America Works PAC		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 15293		Amount of Each Disbursement this Period 9999.99 7410.00
City Washington State DC Zip Code 20003-0293	Purpose of Disbursement Transfer	
Candidate Name	Category/Type	Transaction ID : D444893
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. Friends of Sherrod Brown		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 15293		Amount of Each Disbursement this Period 9999.99 41175.00
City Washington State DC Zip Code 20003-0293	Purpose of Disbursement Transfer	
Candidate Name Sherrod Brown	Category/Type	Transaction ID : D444894
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: OH District:		

SUBTOTAL of Disbursements This Page (optional).....	98175.00
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 43 OF 43
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Canary Fund

Full Name (Last, First, Middle Initial) A. Friends of Sherrod Brown		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 15293		Amount of Each Disbursement this Period 21210.00
City Washington State DC Zip Code 20003-0293	Purpose of Disbursement Transfer	
Candidate Name Sherrod Brown		Transaction ID : D444895
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH 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		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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	21210.00
TOTAL This Period (last page this line number only).....	119385.00