

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)

Check if different than previously reported. (ACC)

Washington

DC

20003

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00555342

3. IS THIS REPORT

NEW (N)

NEW (N)

OR

AMENDED (A)

AMENDED (A)

STATE DISTRICT

OH

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

January 31 Year-End Report (YE)

Termination Report (TER)

Termination Report (TER)

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

Primary (12P)

Primary (12P)

General (12G)

General (12G)

Runoff (12R)

Runoff (12R)

Convention (12C)

Convention (12C)

Special (12S)

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)

General (30G)

Runoff (30R)

Runoff (30R)

Special (30S)

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

07 / 01 / 2016

through

M M / D D / Y Y Y Y

09 / 30 / 2016

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

Type or Print Name of Treasurer

Zamore, Judith, , ,

Signature of Treasurer

Zamore, Judith, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 14 / 2016

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

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Canary Fund**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	28100.00	275120.00
(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)).....	28100.00	275120.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	20663.01	83972.21
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20663.01	83972.21
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	31287.79	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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 05/2016)

Write or Type Committee Name

Canary Fund

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).....	12900.00	115900.00
(ii) Unitemized.....	200.00	2120.00
(iii) TOTAL of contributions from individuals ▶	13100.00	118020.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	157100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	28100.00	275120.00
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)..... ▶	28100.00	275120.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20663.01	83972.21
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	20663.01	243832.21

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	23850.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28100.00
25. SUBTOTAL (add Line 23 and Line 24).....	51950.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20663.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	31287.79

**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 16	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**Edelman, Harriet, , ,**

Mailing Address 30 W 63rd St

City New York	State NY	Zip Code 10023
------------------	-------------	-------------------

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

Name of Employer Emigrant Bank	Occupation Executive
-----------------------------------	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2016

**Transaction ID : C6722340**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Milstein, Howard, P., ,**

Mailing Address 888 Park Ave  
Apt 8B

City New York	State NY	Zip Code 10075-0282
------------------	-------------	------------------------

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

Name of Employer Emigrant Bank	Occupation Executive
-----------------------------------	-------------------------

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  
 09 / 19 / 2016

**Transaction ID : C6722335**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

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

Mailing Address 860 5th Ave

City New York	State NY	Zip Code 10065-5856
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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  
 09 / 27 / 2016

**Transaction ID : C6727690A**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

\* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 10200.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 6 OF 16  
(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)  
**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 ▼  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2016

**Transaction ID : C6727690AB**

Amount of Each Receipt this Period  
2500.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Tonio Burgos & Associates of New Jersey, LLC**

Mailing Address 115 Broadway Ste 1504

City New York State NY Zip Code 10006

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2016

**Transaction ID : C6739435**

Amount of Each Receipt this Period  
2700.00

Memo Item

PARTNERSHIP--partners below if itemized

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

Mailing Address 115 Boradway Suite 1504

City New York State NY Zip Code 10006

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

Name of Employer Occupation  
Tonio Burgos & Associates of New Jerse CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2016

**Transaction ID : C6722342**

Amount of Each Receipt this Period  
2700.00

Memo Item

\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12900.00

**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 16	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

**A.** Full Name (Last, First, Middle Initial)  
**Best Buy PAC**

Mailing Address 7601 Penn Ave S

City Richfield	State MN	Zip Code 55423-3645
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00405076

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
09 / 07 / 2016

**Transaction ID : C6714412**

Amount of Each Receipt this Period  

2500.00
---------

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Brownstein Hyatt Farber Schreck PAC**

Mailing Address 410 17th St Ste 2200

City Denver	State CO	Zip Code 80202-4432
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00390583

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
09 / 13 / 2016

**Transaction ID : C6718252**

Amount of Each Receipt this Period  

1000.00
---------

Memo Item

**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 ▼  
12500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
07 / 05 / 2016

**Transaction ID : C6661303**

Amount of Each Receipt this Period  

5000.00
---------

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

**A.** Full Name (Last, First, Middle Initial)  
**Moneygram International Inc PAC**

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-5998

FEC ID number of contributing federal political committee. **C** C00410316

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  
09 / 20 / 2016

**Transaction ID : C6722343**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** 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 ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 13 / 2016

**Transaction ID : C6718253**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**National Association of Mutual Insurance Companies PAC**

Mailing Address 3601 Vincennes Rd  
PO BOX 68700

City Indianapolis State IN Zip Code 46268-1154

FEC ID number of contributing federal political committee. **C** C00170258

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  
07 / 05 / 2016

**Transaction ID : C6661304**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 16	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

**A.** Full Name (Last, First, Middle Initial)  
**Amsted Industries Incorporated PAC (Amsted PAC)**

Mailing Address 180 N Stetson Ave  
Two Prudential Plaza

City Chicago State IL Zip Code 60601-6808

FEC ID number of contributing federal political committee. **C** C00438358

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  
08 / 23 / 2016

**Transaction ID : C6702936**

Amount of Each Receipt this Period  
2500.00

Memo Item

**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 ▼  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 05 / 2016

**Transaction ID : C6661306**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	15000.00

**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 10 OF 16	
	<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) <b>A. Capitol Compliance Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016
Mailing Address PO Box 15293		FEC Identification Number C
City Washington	State DC	Zip Code 20003-0293
Purpose of Disbursement Compliance Services		Amount of Each Disbursement this Period 708.75
Candidate Name		Transaction ID : D460110
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2016
Mailing Address 366 Summer St		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Merchant Fees		Amount of Each Disbursement this Period 98.75
Candidate Name		Transaction ID : D459150
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2016
Mailing Address 366 Summer St		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Merchant Fees		Amount of Each Disbursement this Period 7.90
Candidate Name		Transaction ID : D458996
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	815.40
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 16	
	<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) <b>A. NGP-VAN, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2016	
Mailing Address 1101 15th St NW Ste 500			FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20005-5006	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement Software		Category/ Type	Transaction ID : <b>D460109</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Kramer, Josh, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2016	
Mailing Address 328 Massachusetts Ave NE			FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20002-5702	Amount of Each Disbursement this Period 976.66	
Purpose of Disbursement Reimburse Catering & Travel		Category/ Type	Transaction ID : <b>D458862</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Bistro Cacao</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2016	
Mailing Address 320 Massachusetts Ave NE			FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20002-5702	Amount of Each Disbursement this Period 970.00	
Purpose of Disbursement Catering		Category/ Type	Transaction ID : <b>D458863</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1276.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 16	
	<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) <b>A. Kauffman, Kimberly, A., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2016	
Mailing Address 615 G St SE			FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20003-2723	Amount of Each Disbursement this Period 1731.49	
Purpose of Disbursement Reimburse Catering		Category/Type	Transaction ID : <b>D458865</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Trattoria Alberto</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2016	
Mailing Address 506 8th St SE			FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20003-2834	Amount of Each Disbursement this Period 1731.49	
Purpose of Disbursement Catering		Category/Type	Transaction ID : <b>D458866</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Rosenbaum, Greg, A., Mr.,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016	
Mailing Address 9140 Vendome Dr			FEC Identification Number <b>C</b>	
City Bethesda	State MD	Zip Code 20817-4021	Amount of Each Disbursement this Period 16839.46	
Purpose of Disbursement Reimburse Catering & Tickets		Category/Type	Transaction ID : <b>D460111</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18570.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 16	
	<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) <b>A. Washington Nationals Stadium, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016	
Mailing Address 1500 S Capitol St SE Nationals Park			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-3599	Amount of Each Disbursement this Period 1797.18	
Purpose of Disbursement Catering		Category/ Type	Transaction ID : D460120	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Washington Nationals Stadium, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016	
Mailing Address 1500 S Capitol St SE Nationals Park			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-3599	Amount of Each Disbursement this Period 585.42	
Purpose of Disbursement Catering		Category/ Type	Transaction ID : D460121	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Washington Nationals Stadium, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016	
Mailing Address 1500 S Capitol St SE Nationals Park			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-3599	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Tickets		Category/ Type	Transaction ID : D460112	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 16	
	<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) <b>A. Washington Nationals Stadium, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016
Mailing Address 1500 S Capitol St SE Nationals Park		FEC Identification Number C
City Washington	State DC	Zip Code 20003-3599
Purpose of Disbursement Tickets	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2000.00	
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 : D460113
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Washington Nationals Stadium, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016
Mailing Address 1500 S Capitol St SE Nationals Park		FEC Identification Number C
City Washington	State DC	Zip Code 20003-3599
Purpose of Disbursement Tickets	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2400.00	
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 : D460114
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Washington Nationals Stadium, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016
Mailing Address 1500 S Capitol St SE Nationals Park		FEC Identification Number C
City Washington	State DC	Zip Code 20003-3599
Purpose of Disbursement Tickets	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2400.00	
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 : D460115
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 16			
	<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) <b>A. Washington Nationals Stadium, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016		
Mailing Address 1500 S Capitol St SE Nationals Park			FEC Identification Number <b>C</b>		
City Washington	State DC	Zip Code 20003-3599	Amount of Each Disbursement this Period 1667.16		
Purpose of Disbursement Catering		Category/ Type	Transaction ID : <b>D460116</b>		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Washington Nationals Stadium, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016		
Mailing Address 1500 S Capitol St SE Nationals Park			FEC Identification Number <b>C</b>		
City Washington	State DC	Zip Code 20003-3599	Amount of Each Disbursement this Period 1566.18		
Purpose of Disbursement Catering		Category/ Type	Transaction ID : <b>D460117</b>		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Washington Nationals Stadium, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016		
Mailing Address 1500 S Capitol St SE Nationals Park			FEC Identification Number <b>C</b>		
City Washington	State DC	Zip Code 20003-3599	Amount of Each Disbursement this Period 1793.22		
Purpose of Disbursement Catering		Category/ Type	Transaction ID : <b>D460118</b>		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 16	
	<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) <b>A. Washington Nationals Stadium, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2016	
Mailing Address 1500 S Capitol St SE Nationals Park			FEC Identification Number C	
City Washington	State DC	Zip Code 20003-3599	Amount of Each Disbursement this Period 630.30	
Purpose of Disbursement Catering		Category/ Type	Transaction ID : D460119	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20663.01