

# 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

TAYLOR GRIFFIN FOR CONGRESS

ADDRESS (number and street) 2646 MLK BOULEVARD

Check if different than previously reported. (ACC)

NEW BERN

NC

28562

2. **FEC IDENTIFICATION NUMBER** ▼

C C00581314

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

NC

03

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 MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY 05 / 19 / 2016

through

MM / DD / YYYY 06 / 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 HENRY CLARK WARD

Signature of Treasurer HENRY CLARK WARD

[Electronically Filed]

Date

MM / DD / YYYY 07 / 15 / 2016

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  
**TAYLOR GRIFFIN FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	38355.00	356031.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	38355.00	355531.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	37087.75	345668.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3046.76
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37087.75	342621.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12909.54	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	34249.99	

**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

**TAYLOR GRIFFIN FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16750.00	265537.00
(ii) Unitemized.....	2105.00	23994.00
(iii) TOTAL of contributions from individuals ▶	18855.00	289531.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	19500.00	66500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	38355.00	356031.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	3046.76
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	38355.00	359077.76

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37087.75	345668.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	500.00
(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	500.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	37087.75	346168.22

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11642.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	38355.00
25. SUBTOTAL (add Line 23 and Line 24).....	49997.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37087.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12909.54

**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 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**TAYLOR GRIFFIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS A BETTS JR**

Mailing Address 412 SHADY CIRCLE DR

City State Zip Code  
ROCKY MOUNT NC 27803

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

Name of Employer Occupation  
FIRST CAROLINA BANK PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : SA11AI.1432**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DOUGLASS EBERHARDT**

Mailing Address 7347 N. PERSHING AVE.

City State Zip Code  
STOCKTON CA 95207

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

Name of Employer Occupation  
BANK OF STOCKTON BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

**Transaction ID : SA11AI.1453**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JOHN J FEREBEE**

Mailing Address 412 WILDWOOD AVE

City State Zip Code  
ROCKY MOUNT NC 27803

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

Name of Employer Occupation  
SELF-EMPLOYED REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 24 / 2016

**Transaction ID : SA11AI.1443**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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: (check only one)	PAGE 6 OF 22
	<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)  
**TAYLOR GRIFFIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ARI FLEISCHER**

Mailing Address **23 MILLER RD**

City **POUND RIDGE** State **NY** Zip Code **10576**

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

Name of Employer **SELF-EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify) **SPECIAL JUNE PRIMARY**

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2016**

**Transaction ID : SA11AI.1480**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**VANCE T FORBES JR**

Mailing Address **PO BOX 3124**

City **WILSON** State **NC** Zip Code **27895**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) **JUNE PRIMARY**

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 24 / 2016**

**Transaction ID : SA11AI.1445**

Amount of Each Receipt this Period  
**2000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**THEODORE H FRANK**

Mailing Address **1302 WAUGH DR.  
#830**

City **HOUSTON** State **TX** Zip Code **77019**

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

Name of Employer **CEI** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) **JUNE PRIMARY**

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 01 / 2016**

**Transaction ID : SA11AI.1474**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

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

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

**5700.00**

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

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

FOR LINE NUMBER: PAGE 7 OF 22  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TAYLOR GRIFFIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN GRIFFIN**

Mailing Address 1819 N TYLER ST

City State Zip Code  
LITTLE ROCK AR 72207

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

Name of Employer Occupation  
STATE OF ARKANSAS LT GOVERNOR

Receipt For: 2016  
 Primary     General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2016

**Transaction ID : SA11AI.1486**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JOHN GUSSENHOVEN**

Mailing Address 277 BEACH ROAD NORTH

City State Zip Code  
WILMINGTON NC 28411

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2016

**Transaction ID : SA11AI.1441**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CARRI HONDROULIS**

Mailing Address 5821 BAYBERRY LANE

City State Zip Code  
RALEIGH NC 27612

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

Name of Employer Occupation  
ACCOUNT MANAGER CISCO

Receipt For: 2016  
 Primary     General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2016

**Transaction ID : SA11AI.1488**

Amount of Each Receipt this Period  
 50.00

Memo Item

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

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

1300.00

**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 8 OF 22
	<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)  
**TAYLOR GRIFFIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WES HOSKINS**

Mailing Address 416 N WATER

City State Zip Code  
CORPUS CHRISTI TX 78401

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

Name of Employer Occupation  
FIRST COMMUNITY BANK BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

**Transaction ID : SA11A1.1451**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY F KUPFER**

Mailing Address 7011 MEADOW LN

City State Zip Code  
CHEVY CHASE MD 20815

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

Name of Employer Occupation  
SELF-EMPLOYED CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 30 / 2016

**Transaction ID : SA11A1.1465**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DANNY MCQUEEN**

Mailing Address 4426 ARENDELL ST

City State Zip Code  
MOREHEAD CITY NC 28557

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

Name of Employer Occupation  
MCQUEEN'S INTERIORS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : SA11A1.1433**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<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)  
**TAYLOR GRIFFIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ROB NICHOLS**

Mailing Address 102 EAST MELROSE STREET

City State Zip Code  
CHEVY CHASE MD 20815

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

Name of Employer Occupation  
AMERICAN BANKERS ASSOCIATION CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
3700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : SA11AI.1439**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JAMES RICKARDS**

Mailing Address 18 GREAT ISLAND

City State Zip Code  
DARIEN CT 06820

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 30 / 2016

**Transaction ID : SA11AI.1463**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**RANDY ROGNLIN**

Mailing Address 321 STATE STREET

City State Zip Code  
ABERDEEN WA 98520

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

Name of Employer Occupation  
ROGNLINS INC. CONTRACTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 19 / 2016

**Transaction ID : SA11AI.1449**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 10 OF 22
	<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)  
**TAYLOR GRIFFIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TINA M. SIEGEL O.D.**

Mailing Address **244 RIVER BEACH DR**

City **SWANSBORO** State **NC** Zip Code **28584**

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

Name of Employer **SELF EMPLOYED** Occupation **OPTOMETRIST**

Receipt For: 2016  
 Primary  General  
 Other (specify) **JUNE PRIMARY**

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 13 / 2016**

**Transaction ID : SA11AI.1491**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**RICK D. SMITH**

Mailing Address **2404B MONTGOMERY DE**

City **WILSON** State **NC** Zip Code **27893**

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

Name of Employer **INDEPENDENT LEAF TOBACCO CO.** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify) **JUNE PRIMARY**

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2016**

**Transaction ID : SA11AI.1484**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DEBORAH SMITH-OLSON**

Mailing Address **P.O. BOX 161**

City **BALDWIN** State **MI** Zip Code **49304**

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

Name of Employer **LAKE-OSCEOLA STATE BANK** Occupation **BANKER**

Receipt For: 2016  
 Primary  General  
 Other (specify) **JUNE PRIMARY**

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 26 / 2016**

**Transaction ID : SA11AI.1455**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**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 11 OF 22  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TAYLOR GRIFFIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DONALD STALLINGS**

Mailing Address 300 S WESLEYAN BLVD, SUITE 202

City State Zip Code  
ROCKY MOUNT NC 27804

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

Name of Employer Occupation  
EAGLE TRANSPORTATION CORP TRANSPORTATION CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2016

**Transaction ID : SA11AI.1446**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE T STRONACH III**

Mailing Address 1608 STRONWOOD DR N

City State Zip Code  
WILSON NC 27893

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2016

**Transaction ID : SA11AI.1469**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NATHANIEL WIENECKE**

Mailing Address 20 8TH ST. SE

City State Zip Code  
WASHINGTON DC 20003

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

Name of Employer Occupation  
PROPERTY CASUALTY INSURERS ASSOCIA SENIOR VP

Receipt For: 2016  
 Primary  General  
 Other (specify) SPECIAL JUNE PRIMARY

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : SA11AI.1481**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

1850.00

**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 22
	<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)  
**TAYLOR GRIFFIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JUAN ZARATE**

Mailing Address 5268 WINTER VIEW DR

City State Zip Code  
ALEXANDRIA VA 22312

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

Name of Employer Occupation  
THE FINANCIAL INTEGRITY NETWORK ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 06 / 2016

**Transaction ID : SA11Al.1487**

Amount of Each Receipt this Period  
1500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

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

1500.00

16750.00

**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 13 OF 22
	<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)  
**TAYLOR GRIFFIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : SA11C.1436**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**GULF COAST BANK AND TRUST WAVE PAC**

Mailing Address 201 N CARROLLTON AVE

City NEW ORLEANS State LA Zip Code 70119

FEC ID number of contributing federal political committee. **C** C00496588

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 24 / 2016

**Transaction ID : SA11C.1444**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address 600 14TH STREET, NW  
SUITE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 27 / 2016

**Transaction ID : SA11C.1458**

Amount of Each Receipt this Period  
5000.00

Memo Item

**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: (check only one)	PAGE 14 OF 22
	<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)  
**TAYLOR GRIFFIN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)

**A.** Mailing Address 8700 WEST BRYN MAWR  
SUITE 1200S  
City CHICAGO State IL Zip Code 60631

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : SA11C.1478

FEC ID number of contributing federal political committee. **C** C00066472

Amount of Each Receipt this Period  
1000.00

Memo Item

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) SPECIAL JUNE PRIMARY  
Election Cycle-to-Date  
1000.00

Full Name (Last, First, Middle Initial)  
REPUBLICAN JEWISH COALITION-POLITICAL ACTION COMMITTEE (RJC-PAC)

**B.** Mailing Address 50 F STREET NW SUITE 100  
City WASHINGTON State DC Zip Code 20001

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 01 / 2016

Transaction ID : SA11C.1471

FEC ID number of contributing federal political committee. **C** C00345132

Amount of Each Receipt this Period  
2500.00

Memo Item

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY  
Election Cycle-to-Date  
2500.00

Full Name (Last, First, Middle Initial)  
THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE

**C.** Mailing Address 701 PENNSYLVANIA AVENUE, NW  
SUITE 750  
City WASHINGTON State DC Zip Code 20004

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA11C.1490

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

Amount of Each Receipt this Period  
5000.00

Memo Item

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) JUNE PRIMARY  
Election Cycle-to-Date  
10000.00

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

8500.00  
19500.00

**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 15 OF 22			
	<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)  
**TAYLOR GRIFFIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 56 MARIETTA STREET		Amount of Each Disbursement this Period 74.39
City ATLANTA State GA Zip Code 30303	Purpose of Disbursement PAYROLL FEES 001 Category/Type	
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)	<b>Transaction ID : SB17.1493</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016
Mailing Address 56 MARIETTA STREET		Amount of Each Disbursement this Period 1307.17
City ATLANTA State GA Zip Code 30303	Purpose of Disbursement SEE MEMO ENTRY 001 Category/Type	
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)	<b>Transaction ID : SB17.1494</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JEFF HAUSER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016
Mailing Address 310 VILLAGE GREEN DRIVE		Amount of Each Disbursement this Period 1307.17
City TRENT WOODS State NC Zip Code 28562	Purpose of Disbursement SALARY 001 Category/Type	
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)	<b>Transaction ID : SB17.1495</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1381.56
<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 22			
	<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)  
**TAYLOR GRIFFIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016	
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 503.67	
City ATLANTA	State GA	Zip Code 30303	Memo Item <input type="checkbox"/>	
Purpose of Disbursement TAXES		Category/Type 001	Transaction ID : SB17.1496	
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>B. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016	
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 74.39	
City ATLANTA	State GA	Zip Code 30303	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PAYROLL FEES		Category/Type 001	Transaction ID : SB17.1497	
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. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016	
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 1307.19	
City ATLANTA	State GA	Zip Code 30303	Memo Item <input type="checkbox"/>	
Purpose of Disbursement SEE MEMO ENTRY		Category/Type 001	Transaction ID : SB17.1498	
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).....	1885.25
<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 17 OF 22	
	<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)  
**TAYLOR GRIFFIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JEFF HAUSER</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016	
Mailing Address 310 VILLAGE GREEN DRIVE			Amount of Each Disbursement this Period 1307.19	
City TRENT WOODS	State NC	Zip Code 28562	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.1499</b>	
Purpose of Disbursement SALARY		Category/ Type 001		
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>B. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016	
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 503.65	
City ATLANTA	State GA	Zip Code 30303	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.1500</b>	
Purpose of Disbursement TAXES		Category/ Type 001		
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. ANEDOT</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016	
Mailing Address 5555 HILTON AVE STE 106			Amount of Each Disbursement this Period 649.26	
City BATON ROUGE	State LA	Zip Code 70808	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.1501</b>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
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).....	1152.91
<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 18 OF 22			
	<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)  
**TAYLOR GRIFFIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016	
Mailing Address 1 HACKER WAY			Amount of Each Disbursement this Period 102.39	
City MENLO PARK	State CA	Zip Code 94025	Memo Item <input type="checkbox"/>	
Purpose of Disbursement ADVERTISING		Category/ Type 001		
Candidate Name			Transaction ID : SB17.1502	
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. FEDEX</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2016	
Mailing Address 942 S SHADY GROVE RD			Amount of Each Disbursement this Period 38.38	
City MEMPHIS	State TN	Zip Code 38120	Memo Item <input type="checkbox"/>	
Purpose of Disbursement SHIPPING		Category/ Type 001		
Candidate Name			Transaction ID : SB17.1503	
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. INNER BANKS MEDIA</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016	
Mailing Address 1884 W ARLINGTON BLVD			Amount of Each Disbursement this Period 1005.00	
City GREENVILLE	State NC	Zip Code 27834	Memo Item <input type="checkbox"/>	
Purpose of Disbursement MEDIA BUY		Category/ Type 001		
Candidate Name			Transaction ID : SB17.1460	
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).....	1145.77
<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 19 OF 22	
	<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)  
**TAYLOR GRIFFIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. INNER BANKS MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 1884 W ARLINGTON BLVD		Amount of Each Disbursement this Period 402.00
City GREENVILLE State NC Zip Code 27834	Purpose of Disbursement MEDIA BUY Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.1483</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LOWES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2016
Mailing Address		Amount of Each Disbursement this Period 13.86
City State Zip Code	Purpose of Disbursement EVENT EXPENSE Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.1504</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ON MESSAGE INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 815 SLATERS LN FIRST FLOOR		Amount of Each Disbursement this Period 17111.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MEDIA BUY Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.1437</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17526.86
<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 20 OF 22			
	<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)  
**TAYLOR GRIFFIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ON MESSAGE INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016	
Mailing Address 815 SLATERS LN FIRST FLOOR			Amount of Each Disbursement this Period 8912.40	
City ALEXANDRIA	State VA	Zip Code 22314	<input type="checkbox"/> Memo Item	
Purpose of Disbursement MEDIA BUY		Category/Type 001	<b>Transaction ID : SB17.1459</b>	
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>B. ON MESSAGE INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016	
Mailing Address 815 SLATERS LN FIRST FLOOR			Amount of Each Disbursement this Period 5036.00	
City ALEXANDRIA	State VA	Zip Code 22314	<input type="checkbox"/> Memo Item	
Purpose of Disbursement MEDIA BUY		Category/Type 001	<b>Transaction ID : SB17.1505</b>	
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. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2016	
Mailing Address 1620 OLD CHERRY POINT RD			Amount of Each Disbursement this Period 47.00	
City NEW BERN	State NC	Zip Code 28560	<input type="checkbox"/> Memo Item	
Purpose of Disbursement POSTAGE		Category/Type 001	<b>Transaction ID : SB17.1506</b>	
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).....	13995.40
<b>TOTAL</b> This Period (last page this line number only).....	37087.75

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**TAYLOR GRIFFIN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ON MESSAGE INC.</b>		Nature of Debt (Purpose): MEDIA CONSULTING
Mailing Address 815 SLATERS LN FIRST FLOOR		
City State	Zip Code	
ALEXANDRIA VA	22314	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.1</b>	
9080.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	9080.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ELECTEK</b>		Nature of Debt (Purpose): SOFTWARE
Mailing Address 4017 WASHINGTON ROAD STE 164		
City State	Zip Code	
CANNONSBURG PA	15317	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.2</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1200.00	0.00	1200.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HARPER POLLING</b>		Nature of Debt (Purpose): POLLING
Mailing Address 121 STATE STREET		
City	State	Zip Code
HARRISBURG	PA	17101

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.3</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2500.00	0.00	2500.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	12780.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**TAYLOR GRIFFIN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**ON MESSAGE INC.**

Nature of Debt (Purpose):  
MEDIA CONSULTING

Mailing Address 815 SLATERS LN  
FIRST FLOOR

City State Zip Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period  
0.00

Transaction ID : SD10.4

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
16498.00 0.00 16498.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**PROFESSIONAL DATA SERVICES**

Nature of Debt (Purpose):  
COMPLIANCE CONSULTING

Mailing Address 824 S MILLEDGE AVENUE  
SUITE 101

City State Zip Code  
ATHENS GA 30605

Outstanding Balance Beginning This Period  
0.00

Transaction ID : SD10.5

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
4701.99 0.00 4701.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**STEPHANIE FULCHER**

Nature of Debt (Purpose):  
T-SHIRTS

Mailing Address PO BOX 134

City State Zip Code  
ATLANTIC NC 28511

Outstanding Balance Beginning This Period  
0.00

Transaction ID : SD10.6

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
270.00 0.00 270.00

- 1) **SUBTOTALS** This Period This Page (optional) ..... ▶
- 2) **TOTALS** This Period (last page this line number only) ..... ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

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