

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
JENNY HORNE FOR CONGRESS

ADDRESS (number and street) 133 E 1ST NORTH STREET SUITE 5
 Check if different than previously reported. (ACC) SUMMERVILLE SC 29483

2. **FEC IDENTIFICATION NUMBER** ▼ C C00591776 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
SC 01

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 01 / 01 / 2016 through M M / D D / Y Y Y Y 03 / 31 / 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 Milinda A. Sullivan
Signature of Treasurer Milinda A. Sullivan [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 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.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
JENNY HORNE 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))....	50803.74	82873.74
(b) Total Contribution Refunds (from Line 20(d))	2000.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	48803.74	80873.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	57761.13	65337.10
(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)).....	57761.13	65337.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	15536.64	
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

JENNY HORNE FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	45850.00	77350.00
(ii) Unitemized	3953.74	4523.74
(iii) TOTAL of contributions from individuals	49803.74	81873.74
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	50803.74	82873.74
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).....	50803.74	82873.74

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	57761.13	65337.10
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	2000.00	2000.00
(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)).....	2000.00	2000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	59761.13	67337.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	24494.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	50803.74
25. SUBTOTAL (add Line 23 and Line 24).....	75297.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	59761.13
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	15536.64

**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 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Katie Arrington

Mailing Address 100 Turner Field Way

City Summerville State SC Zip Code 29485

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

Name of Employer Dispersive Technologies Occupation VP Operations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : SA11AI.5425

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
D. Kenneth Baker

Mailing Address 3193 Middlecoff Lane

City Florence State SC Zip Code 29506

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

Name of Employer Baker Law Firm, LLC Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2016

Transaction ID : SA11AI.5334

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Gregory W. Brigman III

Mailing Address 122 Wyandot St.

City Darlington State SC Zip Code 29532

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11AI.5377

Amount of Each Receipt this Period
400.00

Memo Item

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

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

950.00

**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 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
David Bulick

Mailing Address 4461 N. Hwy 17

City Awendow	State SC	Zip Code 29429
-----------------	-------------	-------------------

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

Name of Employer Lowcountry Nursery	Occupation Partner
--	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11AI.5443

Amount of Each Receipt this Period
 300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Stephanie E. Burgess

Mailing Address 2065 Shull Avenue

City Gilbert	State SC	Zip Code 29054
-----------------	-------------	-------------------

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

Name of Employer USC	Occupation Nurse Practitioner
-------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.5354

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address PO Box 1896

City Mt. Pleasant	State SC	Zip Code 29465
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FEC ID number of contributing federal political committee. **C**

Name of Employer Howell & Christmas, LLC	Occupation Owner/Attorney
---	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2016

Transaction ID : SA11AI.4804

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).....

500.00

**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 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Daniel D. Coyle

Mailing Address 174 Beauregard Rd

City Summerville State SC Zip Code 29483

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

Name of Employer Coyle Optometry Occupation Optometrist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11AI.5349

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Kathryn G. Crawford

Mailing Address 182 Wentworth St.

City Charleston State SC Zip Code 29401

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

Name of Employer US Senator Tim Scott's Office Occupation Admin

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11AI.5356

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Brian G. Cuddy MD

Mailing Address 2145 Henry Tecklenburg Dr. Suite 220

City Charleston State SC Zip Code 29414

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

Name of Employer Charleston Neurosurgical Assoc Occupation Doctor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016

Transaction ID : SA11AI.5336

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).....

3200.00

**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 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dale Hollard Automotive, LLC

Mailing Address 5404 Walking Stick Lane

City Charleston State SC Zip Code 29420

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : SA11AI.5430

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
E. Bart Daniel

Mailing Address 7 State Street

City Charleston State SC Zip Code 29401

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

Name of Employer Occupation
E. Bart Daniel Attorney at Law Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016

Transaction ID : SA11AI.5341

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
R. Gordon Darby

Mailing Address 1503 Twilight Trl.

City Mt. Pleasant State SC Zip Code 29464

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

Name of Employer Occupation
Darby Development Co., Inc President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2016

Transaction ID : SA11AI.5344

Amount of Each Receipt this Period
350.00

Memo Item

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

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

1050.00

**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 41
	<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)
JENNY HORNE FOR CONGRESS

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

Mailing Address 1503 Twilight Trl.

City Mt. Pleasant	State SC	Zip Code 29464
----------------------	-------------	-------------------

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

Name of Employer Darby Development Co., Inc	Occupation President
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11AI.5357

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
E.L. Davis

Mailing Address PO Drawer 428

City Greenwood	State SC	Zip Code 29648
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FEC ID number of contributing federal political committee. **C**

Name of Employer Davis Land & Timber, LLC	Occupation Engineer
--	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11AI.4803

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Davis Land & Timber, LLC

Mailing Address PO Drawer 428

City Greenwood	State SC	Zip Code 29648
-------------------	-------------	-------------------

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

Name of Employer E.L Davis	Occupation Engineer
-------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11AI.5358

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).....

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 10 OF 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JENNY HORNE FOR CONGRESS

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

Mailing Address 431 Bulls Island Rd.

City State Zip Code
Awendaw SC 29429

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

Name of Employer Occupation
Motley Rice, LLC Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.5434

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 1314 Lincoln Street

City State Zip Code
Columbia SC 29201

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

Name of Employer Occupation
Lee Eadon Isgett Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11AI.4810

Amount of Each Receipt this Period
 50.00

Memo Item

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

Mailing Address 2614 Raven Dr.

City State Zip Code
Sullivans Island SC 29482

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

Name of Employer Occupation
Palmetto Ford Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.5406

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).....

500.00

**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 11 OF 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John P. Freeman

Mailing Address 2329 Wilmot Ave.

City	State	Zip Code
Columbia	SC	29205

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2016

Transaction ID : SA11AI.5392

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Roland Fulcher DMD

Mailing Address 1708 B. Old Trolley Rd.

City	State	Zip Code
Summerville	SC	29485

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

Name of Employer	Occupation
LowCountry Orthodontics PA	Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : SA11AI.5424

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 307 High Grove Rd.

City	State	Zip Code
Summerville	SC	29483

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

Name of Employer	Occupation
CresCom Bank	VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.5416

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).....

1800.00

**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 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Stephen P. Groves Sr.

Mailing Address 205 King St. Ste 400

City	State	Zip Code
Charleston	SC	29401

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

Name of Employer	Occupation
Nexsen Pruet, LLC	Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11AI.5359

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Thomas H. Hart III

Mailing Address 223 Sumter Ave

City	State	Zip Code
Summerville	SC	29483

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

Name of Employer	Occupation
Heart, Hyland and Shepard	Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2016

Transaction ID : SA11AI.5333

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Hearn & Hearn P.A.

Mailing Address 1206 Third Avenue

City	State	Zip Code
Conway	SC	29526

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

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2016

Transaction ID : SA11AI.5332

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

3250.00

**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 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James Virgil Hicks Jr.

Mailing Address 1122 Lady St. Ste 705

City	State	Zip Code
Columbia	SC	29201

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

Name of Employer	Occupation
SC Beverage Association	Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : SA11AI.5387

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Hodge & Langley Law Firm, P.C.

Mailing Address PO Box 2765

City	State	Zip Code
Spartanburg	SC	29304

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

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2016

Transaction ID : SA11AI.5405

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5404 Walking Stick Lane

City	State	Zip Code
Charleston	SC	29420

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

Name of Employer	Occupation
Dale Holland Automotive, LLC	Wholesaler

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : SA11AI.5445

Amount of Each Receipt this Period
200.00

Memo Item

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

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

500.00

**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 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gedney M. Howe III

Mailing Address PO Box 1034

City Charleston State SC Zip Code 29402

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

Name of Employer Gedney M. Howe III, PA Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016

Transaction ID : SA11AI.5371

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Howell & Christmas, LLC

Mailing Address PO Box 1896

City Mt. Pleasant State SC Zip Code 29465

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2016

Transaction ID : SA11AI.5438

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Carolyn D. Hunter

Mailing Address 106 King Fisher Ct.

City Goose Creek State SC Zip Code 29445

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

Name of Employer Occupation
McDonalds Franchise Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11AI.5362

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 15 OF 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Christopher Isgett

Mailing Address 1314 Lincoln Street

City Columbia	State SC	Zip Code 29201
------------------	-------------	-------------------

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

Name of Employer Lee Eadon Isgett	Occupation Attorney
--------------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11AI.4812

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

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

Mailing Address 256 Meeting St.

City Charleston	State SC	Zip Code 29401
--------------------	-------------	-------------------

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

Name of Employer The Bank of SC	Occupation Chairman of the Board
------------------------------------	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11AI.5390

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
T. Ryan Langley

Mailing Address PO Box 2756

City Spartanburg	State SC	Zip Code 29304
---------------------	-------------	-------------------

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

Name of Employer Hodge & Landley Law Firm, P.C.	Occupation Attorney
--	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2016

Transaction ID : SA11AI.4815

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 16 OF 41
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lee Building Partnership, LLC

Mailing Address 1314 Lincoln St.

City Columbia State SC Zip Code 29201

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11AI.5429

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address 20 Catesby Circle

City Columbia State SC Zip Code 29206

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

Name of Employer Occupation
 Joel Lourie Insurance Insurance Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : SA11AI.5423

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 4461 N. Hwy 17

City Awendaw State SC Zip Code 29429

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11AI.5442

Amount of Each Receipt this Period
 300.00

Memo Item

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

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

650.00

**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 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Randy Lowell

Mailing Address PO Box 8204

City Columbia State SC Zip Code 29202

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

Name of Employer Willoughby & Hoefer, PA Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 13 / 2016

Transaction ID : SA11AI.5338

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address PO Box 8204

City Columbia State SC Zip Code 29202

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

Name of Employer Willoughby & Hoefer, PA Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.5399

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 9031 Garners Ferry Road

City Hopkins State SC Zip Code 29061

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

Name of Employer McCarter Services, LLC Occupation CEO/President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.4817

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 18 OF 41
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
McCarter Services, LLC

Mailing Address 9031 Garners Ferry Rd

City Hopkins State SC Zip Code 29061

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

Name of Employer Occupation
Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.5422

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
E. Smyth McKissick

Mailing Address 1611 Parkins Mill Rd.

City Greenville State SC Zip Code 29607-3642

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

Name of Employer Occupation
ALLLE MFG Co. CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : SA11AI.5393

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Michael G. McShane

Mailing Address 1501 Ravens Point Rd.

City Johns Island State SC Zip Code 29455

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

Name of Employer Occupation
MUSC Board Member

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11AI.5363

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).....

3200.00

**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 19 OF 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael S. Moseley

Mailing Address 124A W. Johnston St.

City Summerville State SC Zip Code 29483

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

Name of Employer Century 21 Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.5431

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Richard Alexander Murdaugh

Mailing Address PO Box 457

City Hampton State SC Zip Code 29924

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

Name of Employer Peters Murdaugh, Parker, Eltzroth & De Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : SA11AI.5346

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Nexsen Pruet, LLC

Mailing Address PO Drawer 2426

City Columbia State SC Zip Code 29202

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11AI.5364

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).....

2250.00

**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 20 OF 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John E. Parker

Mailing Address PO Box 457

City Hampton State SC Zip Code 29924

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

Name of Employer Peters Murdaugh, Parker, Eltzroth & De Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016

Transaction ID : SA11AI.5337

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
A. Christopher Potts

Mailing Address PO Box 1113

City Charleston State SC Zip Code 29407

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

Name of Employer Potts Law Firm Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11AI.5365

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Stephen E. Rawe

Mailing Address 1300 Winchester Dr.

City Charleston State SC Zip Code 29402

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

Name of Employer Roper Occupation Doctor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11AI.5366

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).....

2500.00

**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 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
R E I of Summerville, LLC

Mailing Address 180 Gaslight Blvd

City Summerville State SC Zip Code 29483

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

Name of Employer Occupation
Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 08 / 2016

Transaction ID : SA11AI.5335

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 3660 W. Montague Ave

City N. Charleston State SC Zip Code 29418

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

Name of Employer Occupation
Riesen Law Firm,LLP Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 14 / 2016

Transaction ID : SA11AI.5340

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Neil C. Robinson Jr.

Mailing Address PO Box 121

City Charleston State SC Zip Code 29401

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

Name of Employer Occupation
Nexsen Pruet, LLC Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 28 / 2016

Transaction ID : SA11AI.5368

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).....

1600.00

**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 41
	<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)
JENNY HORNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cheryl L. Savage		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Mailing Address 15 Pioleau St.		Transaction ID : SA11AI.5350	
City Charleston State SC Zip Code 29401	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item		
Name of Employer: Savage Law Firm Occupation: Attorney	Election Cycle-to-Date _____ 1000.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Lewis J. Scooler Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 04 / 2016	
Mailing Address 8140 Rivers Ave. Ste J		Transaction ID : SA11AI.5397	
City N. Charleston State SC Zip Code 29406	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item		
Name of Employer: Allstate Insurance Occupation: Owner	Election Cycle-to-Date _____ 250.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Olin T. Sergev		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016	
Mailing Address 1021 Blakeway St.		Transaction ID : SA11AI.5408	
City Daniel Island State SC Zip Code 29492	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item		
Name of Employer: Equilibrium Endocrinology Occupation: Physican	Election Cycle-to-Date _____ 1000.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	_____ 2250.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John S. Simmons

Mailing Address 1711 Pickens St.

City Columbia	State SC	Zip Code 29201
------------------	-------------	-------------------

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

Name of Employer Simmons Law	Occupation Attorney
---------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : SA11AI.5391

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Chad Robin Solomon

Mailing Address 3242 Heathland Way

City Mt. Pleasant	State SC	Zip Code 29466
----------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2016

Transaction ID : SA11AI.5345

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 147 Tradd St.

City Charleston	State SC	Zip Code 29401
--------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11AI.5381

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).....

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 24 OF 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Richard S. Sternberg

Mailing Address 72 Old Clinton Road

City State Zip Code
Fleming NJ 08822

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11AI.5375

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 174 Hobcaw Dr.

City State Zip Code
Mt. Pleasant SC 29464

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

Name of Employer Occupation
Swails Insurance Insurance agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11AI.5379

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 615 Pitt St.

City State Zip Code
Mt. Pleasant SC 29464

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : SA11AI.5385

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).....

3950.00

**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 25 OF 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Steve Swanson

Mailing Address 615 Pitt St.

City State Zip Code
Mt. Pleasant SC 29464

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

Name of Employer Occupation
Automated Trading Desk CEO/President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : SA11AI.5384

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Henry L. Taylor

Mailing Address 603 Fairway Forest Dr

City State Zip Code
Summerville SC 29485

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016

Transaction ID : SA11AI.5382

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Susan Taylor Wall

Mailing Address 111 Ithecaw Creek St.

City State Zip Code
Charleston SC 29492

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

Name of Employer Occupation
McNair Law Firm Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : SA11AI.5414

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).....

3950.00

**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 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bharat Thaker

Mailing Address 7670 Northwoods Blvd

City	State	Zip Code
Charleston	SC	29406

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

Name of Employer	Occupation
ABC Hospitality, LLC	Hospitality

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : SA11AI.5432

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
John M. Thomas

Mailing Address 8 Montagu St.

City	State	Zip Code
Charleston	SC	29401

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

Name of Employer	Occupation
Charleston Branch Pilots Assoc	Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : SA11AI.5347

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 450 Webber Rd.

City	State	Zip Code
Spartanburg	SC	29307

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

Name of Employer	Occupation
James Fletcher Thompson, LLC	Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2016

Transaction ID : SA11AI.5373

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).....

3700.00

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

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

FOR LINE NUMBER: PAGE 27 OF 41
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Twenge & Twombly, LLC

Mailing Address 311 Carteret St

City State Zip Code
Beaufort SC 29902

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : SA11AI.5440

Amount of Each Receipt this Period
 750.00

Memo Item

B. Full Name (Last, First, Middle Initial)
J. Ashley Twombly

Mailing Address 311 Carteret Street

City State Zip Code
Beaufort SC 29902

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

Name of Employer Occupation
Twenge & Twombly, LLC Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : SA11AI.4808

Amount of Each Receipt this Period
 750.00

Memo Item

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

Mailing Address 180 Gaslight Boulevard

City State Zip Code
Summerville SC 29483

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

Name of Employer Occupation
REI of Summerville, LLC Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2016

Transaction ID : SA11AI.4805

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

750.00

**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 28 OF 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Leiding Tupper Walters

Mailing Address 304 Beaufort ST.

City	State	Zip Code
Summerville	SC	29483

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

Name of Employer	Occupation
Tupperway Tires	Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.5407

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 203 Bellerive Lane

City	State	Zip Code
Summerville	SC	29483

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

Name of Employer	Occupation
Lofton & Lofton, PC	Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.5415

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 1937 Heritage Loop Rd.

City	State	Zip Code
Myrtle Beach	SC	29577

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

Name of Employer	Occupation
The Yahnis Co.	Quality Control

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2016

Transaction ID : SA11AI.5352

Amount of Each Receipt this Period
 300.00

Memo Item

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

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

1550.00

**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 41
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Anita G. Zucker

Mailing Address 99 South Battery

City Charleston State SC Zip Code 29401

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

Name of Employer Interch Group Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11A1.5351

Amount of Each Receipt this Period
500.00

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).....

500.00

45850.00

**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 41
	<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)
JENNY HORNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HDR, INC. PAC

Mailing Address **8404 INDIAN HILLS DRIVE**

City **OMAHA** State **NE** Zip Code **68114**

FEC ID number of contributing federal political committee. **C C00103903**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : SA11C.5436

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

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).....

_____ **1000.00**

_____ **1000.00**

**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 31 OF 41			
	<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)
JENNY HORNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anedote		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 5555 Hilton Avenue Suite 106		Amount of Each Disbursement this Period 39.30
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement CC Merchant Fee	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4562
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Anedote		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 5555 Hilton Avenue Suite 106		Amount of Each Disbursement this Period 19.80
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement CC Merchant Fee	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4564
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Anedote		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 5555 Hilton Avenue Suite 106		Amount of Each Disbursement this Period 12.30
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement CC Merchant Fee	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4570
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	71.40
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 32 OF 41	
	<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)
JENNY HORNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anedote		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 5555 Hilton Avenue Suite 106		Amount of Each Disbursement this Period 10.05
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement CC Merchant Fee	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4580
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Anedote		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address 5555 Hilton Avenue Suite 106		Amount of Each Disbursement this Period 20.10
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement CC Merchant Fee	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4585
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Anedote		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 5555 Hilton Avenue Suite 106		Amount of Each Disbursement this Period 12.00
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement CC Merchant Fee	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4586
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	42.15
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 33 OF 41			
	<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)
JENNY HORNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anedote		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016
Mailing Address 5555 Hilton Avenue Suite 106		Amount of Each Disbursement this Period 19.80
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement CC Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	003 Category/Type	Transaction ID : SB17.4587
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. Anedote		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 5555 Hilton Avenue Suite 106		Amount of Each Disbursement this Period 11.32
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement CC Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	003 Category/Type	Transaction ID : SB17.4590
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. Capital Campaigns		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address PO Box 26713		Amount of Each Disbursement this Period 2000.00
City Greenville	State SC	
Zip Code 29616	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Memo Item
Candidate Name	003 Category/Type	Transaction ID : SB17.4553
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).....	2031.12
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 34 OF 41			
	<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)
JENNY HORNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Concentric Office, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address PO Box 2485		Amount of Each Disbursement this Period 3232.82
City Springfield	State VA	
Zip Code 22152	Purpose of Disbursement Compliance Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.4555
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. Joseph Finnerty		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 5035 Harbour Lake Drive Apt. 10A		Amount of Each Disbursement this Period 1250.00
City Goose Creek	State SC	
Zip Code 29445	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : SB17.4584
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. Hamby Catering Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 925 St. Andrews Blvd.		Amount of Each Disbursement this Period 1115.17
City Charleston	State SC	
Zip Code 29407	Purpose of Disbursement Catering	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : SB17.4594
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).....	4482.82
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 35 OF 41	
	<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)
JENNY HORNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Levelwing Media, LLC			Date of Disbursement MM / DD / YYYY 03 / 17 / 2016	
Mailing Address PO Box 2589			Amount of Each Disbursement this Period 7500.00	
City Mt. Pleasant	State SC	Zip Code 29464	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Media		Category/ Type 004	Transaction ID : SB17.4579	
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. Livingtees, LLC			Date of Disbursement MM / DD / YYYY 03 / 29 / 2016	
Mailing Address 1389 North Highway 52			Amount of Each Disbursement this Period 270.00	
City Moncks Corner	State SC	Zip Code 29461	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Printing		Category/ Type 004	Transaction ID : SB17.4589	
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. Jonathan Michael Lubecky			Date of Disbursement MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 306 Seneca River Drive			Amount of Each Disbursement this Period 1000.00	
City Summerville	State SC	Zip Code 29485	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Consulting		Category/ Type 003	Transaction ID : SB17.4582	
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).....	8770.00
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 36 OF 41			
	<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)
JENNY HORNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nexsen Pruet, LLC		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address PO Drawer 2426		Amount of Each Disbursement this Period 4,500.00 1115.17
City Columbia	State SC	
Zip Code 29202	Purpose of Disbursement Catering - SEE MEMO	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : SB17.4557
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. Piryx		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 144 2nd Street		Amount of Each Disbursement this Period 213.60
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement CC Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : SB17.4550
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. SC Republican Party		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 1122 Lady Street Suite 500		Amount of Each Disbursement this Period 3480.00
City Columbia	State SC	
Zip Code 29201	Purpose of Disbursement Filing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.4574
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).....	4808.77
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 41			
	<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)
JENNY HORNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Signs ASAP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 428-D Trolley Rd.		Amount of Each Disbursement this Period 527.51
City Summerville	State SC Zip Code 29485	
Purpose of Disbursement Printing	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4592
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. South Carolina Public Affairs		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 1220 Calhoun St.		Amount of Each Disbursement this Period 18136.00
City Newberry	State SC Zip Code 29108	
Purpose of Disbursement Expense-Reimb.	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4544
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. South Carolina Public Affairs		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2016
Mailing Address 1220 Calhoun St.		Amount of Each Disbursement this Period 6220.00
City Newberry	State SC Zip Code 29108	
Purpose of Disbursement Fundraising Consulting	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4556
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	24883.51
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 41	
	<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)
JENNY HORNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. South Carolina Public Affairs			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016	
Mailing Address 1220 Calhoun St.			Amount of Each Disbursement this Period 7184.00	
City Newberry	State SC	Zip Code 29108	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Consulting		Category/ Type 003	Transaction ID : SB17.4561	
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. South Carolina Public Affairs			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016	
Mailing Address 1220 Calhoun St.			Amount of Each Disbursement this Period 2718.00	
City Newberry	State SC	Zip Code 29108	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Consulting		Category/ Type 003	Transaction ID : SB17.4575	
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. Milinda A. Sullivan			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016	
Mailing Address 310 Delafield Dr.			Amount of Each Disbursement this Period 500.00	
City Summerville	State SC	Zip Code 29483	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Compliance Services		Category/ Type 001	Transaction ID : SB17.4545	
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).....	10402.00
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 39 OF 41	
	<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)
JENNY HORNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Milinda A. Sullivan		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 310 Delafield Dr.		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.4551
City Summerville	State SC	
Zip Code 29483	Purpose of Disbursement Compliance Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Milinda A. Sullivan		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 310 Delafield Dr.		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.4563
City Summerville	State SC	
Zip Code 29483	Purpose of Disbursement Compliance Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. The Millpond Steakhouse		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 84 Boykin Mill Road		Amount of Each Disbursement this Period 581.50 <input type="checkbox"/> Memo Item Transaction ID : SB17.4543
City Rembert	State SC	
Zip Code 29128	Purpose of Disbursement Food/Beverage	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1581.50
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 41	
	<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)
JENNY HORNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016	
Mailing Address 301 N. Gum Street			Amount of Each Disbursement this Period 196.00	
City Summerville	State SC	Zip Code 29483	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Postage		Category/ Type 001	Transaction ID : SB17.4569	
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	Memo Item <input type="checkbox"/>	
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	Memo Item <input type="checkbox"/>	
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).....	196.00
TOTAL This Period (last page this line number only).....	57269.27

**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 41			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
JENNY HORNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hearn & Hearn P.A.			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016		
Mailing Address 1206 Third Avenue			Amount of Each Disbursement this Period 2000.00		
City Conway	State SC	Zip Code 29526	<input type="checkbox"/> Memo Item Transaction ID : SB20A.4593		
Purpose of Disbursement REFUND		Category/ Type 010			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00