

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CARLY FOR AMERICA

ADDRESS (number and street) PO BOX 25647 ALEXANDRIA VA 22313-5674

2. FEC IDENTIFICATION NUMBER C C00610568 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. HANKINS, BRENDA, , , Type or Print Name of Treasurer

Signature of Treasurer HANKINS, BRENDA, , , [Electronically Filed] Date 09 / 29 / 2017

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**CARLY FOR AMERICA**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2017"/>  | <input type="text" value="4050.74"/>   | <input type="text" value="4050.74"/>   |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="4050.74"/>   |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="627616.70"/> | <input type="text" value="627616.70"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="631667.44"/> | <input type="text" value="631667.44"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="388504.43"/> | <input type="text" value="388504.43"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="243163.01"/> | <input type="text" value="243163.01"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

CARLY FOR AMERICA

Report Covering the Period: From: 01 / 01 / 2017 To: 06 / 30 / 2017

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 1202.33                       | 1202.33                           |
| (ii) Unitemized .....   | 477.50                        | 477.50                            |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 1679.83                       | 1679.83                           |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 50936.87                      | 50936.87                          |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 52616.70                      | 52616.70                          |
| 12. Transfers From Affiliated/Other Party Committees.....   | 575000.00                     | 575000.00                         |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 627616.70                     | 627616.70                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 627616.70                     | 627616.70                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 348458.00                     | 348458.00                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 348458.00                     | 348458.00                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 40046.43                      | 40046.43                          |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 388504.43                     | 388504.43                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 388504.43                     | 388504.43                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 52616.70                              | 52616.70                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 52616.70                              | 52616.70                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 348458.00                             | 348458.00                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 348458.00                             | 348458.00                                 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

This amendment is in response to the Request for Additional Information letter dated 8/27/17. The Committee has updated and provided additional information in the form of itemized memos for the disclosed disbursements to XCELHR for payroll throughout the reporting period.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 84  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. GIPSON, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5523 BOWLES CT

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>SPRING | State<br>TX | Zip Code<br>77388-3526 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>NONE | Occupation (for Individual)<br>RETIRED |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 24    | / | 2017        |

**Transaction ID : SA11A.347211**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. GLASS, DYLAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10427 HARNWELL CROSSING DR

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>SPRING | State<br>TX | Zip Code<br>77379-8450 |
|----------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>POLITICAL | Occupation (for Individual)<br>ACTIVIST |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.33

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 09    | / | 2017        |

**Transaction ID : SA11A.347193**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. GLASS, DYLAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10427 HARNWELL CROSSING DR

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>SPRING | State<br>TX | Zip Code<br>77379-8450 |
|----------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>POLITICAL | Occupation (for Individual)<br>ACTIVIST |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
202.33

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 16    | / | 2017        |

**Transaction ID : SA11A.347199**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1075.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 8 OF 84  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. GLASS, DYLAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10427 HARNWELL CROSSING DR  
 City SPRING State TX Zip Code 77379-8450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) POLITICAL Occupation (for Individual) ACTIVIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2017  
**Transaction ID : SA11A.347205**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
**CONTRIBUTION**

**B. GLASS, DYLAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10427 HARNWELL CROSSING DR  
 City SPRING State TX Zip Code 77379-8450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) POLITICAL Occupation (for Individual) ACTIVIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2017  
**Transaction ID : SA11A.347207**  
 Amount of Each Receipt this Period  
 52.33  
 Memo Item  
**CONTRIBUTION**

**C. GLASS, DYLAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10427 HARNWELL CROSSING DR  
 City SPRING State TX Zip Code 77379-8450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) POLITICAL Occupation (for Individual) ACTIVIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2017  
**Transaction ID : SA11A.347209**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
**CONTRIBUTION**

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 127.33  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 1202.33 |



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

|   |                              |   |   |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one)       | PAGE 9 OF 84  |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 26141

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>ALEXANDRIA | State<br>VA | Zip Code<br>22313 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00573154

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50936.87

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  | / | 05  | / | 2017    |

**Transaction ID : SA11C.8276**

Amount of Each Receipt this Period  
50936.87

Memo Item

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 50936.87 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 50936.87 |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 10 OF 84   |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input checked="" type="checkbox"/> 12                  |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. CARLY FOR PRESIDENT**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1020 N FAIRFAX ST STE 200

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>ALEXANDRIA | State<br>VA | Zip Code<br>22314 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00577312

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2017

**Transaction ID : SA12.8492**

Amount of Each Receipt this Period  
100000.00

Memo Item  
AFFILIATED COMMITTEE TRANSFER

**B. CARLY FOR PRESIDENT**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1020 N FAIRFAX ST STE 200

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>ALEXANDRIA | State<br>VA | Zip Code<br>22314 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00577312

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2017

**Transaction ID : SA12.8493**

Amount of Each Receipt this Period  
475000.00

Memo Item  
AFFILIATED COMMITTEE TRANSFER

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

|   |           |
|---|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 575000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 575000.00 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

## A. ED GILLESPIE FOR GOVERNOR

Mailing Address PO BOX 71596

City  
RICHMOND

State  
VA

Zip Code  
23255

Purpose of Disbursement  
CONTRIBUTION (STATE CANDIDATE)

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:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 07    | / | 2017      |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8481

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

## B. FRIENDS OF JON CROSS COMMITTEE

Mailing Address 8 N MAIN ST

City  
KENTON

State  
OH

Zip Code  
43326

Purpose of Disbursement  
CONTRIBUTION (STATE CANDIDATE)

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:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 23    | / | 2017      |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8485

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

## C. TJ MALONEY CAMPAIGN

Mailing Address PO BOX 34

City  
HEFLIN

State  
AL

Zip Code  
36264

Purpose of Disbursement  
CONTRIBUTION (STATE CANDIDATE)

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:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 07    | / | 2017      |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8480

Amount of Each Disbursement this Period

[REDACTED] 750.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 7750.00

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |  |                          |
|---|--|--|--------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. BOWKER, DEBORAH, , ,</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 03 / 2017   |                          |
| Mailing Address 110 STRATHMORE PL   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8302</b><br>Amount of Each Disbursement this Period<br>[ ] 984.40 |                          |
| City<br>LOS GATOS   | State<br>CA  | Zip Code<br>95032  | Category/<br>Type<br>[ ] |
| Purpose of Disbursement<br>TRAVEL REIMBURSEMENT (SEE BELOW)   |  |  |                          |
| Candidate Name  |  | Memo Item <input type="checkbox"/>   |                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                          |
| State: District:  |  |  |                          |

|   |  |  |                          |
|---|--|--|--------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. VIRGIN AMERICA</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 10 / 2017   |                          |
| Mailing Address 555 AIRPORT BLVD<br>FL2   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8338</b><br>Amount of Each Disbursement this Period<br>[ ] 984.40 |                          |
| City<br>BURLINGAME  | State<br>CA  | Zip Code<br>94010  | Category/<br>Type<br>[ ] |
| Purpose of Disbursement<br>TRAVEL   |  |  |                          |
| Candidate Name  |  | Memo Item <input checked="" type="checkbox"/>  |                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                          |
| State: District:  | BOWKER 4/3   |  |                          |

|   |  |  |                          |
|---|--|--|--------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. DEMAURA, STEPHEN, A, ,</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 15 / 2017   |                          |
| Mailing Address 125 CHANCERY RD   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8273</b><br>Amount of Each Disbursement this Period<br>[ ] 269.89 |                          |
| City<br>LANGHORNE   | State<br>PA  | Zip Code<br>19047  | Category/<br>Type<br>[ ] |
| Purpose of Disbursement<br>REIMBURSEMENT  |  |  |                          |
| Candidate Name  |  | Memo Item <input type="checkbox"/>   |                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                          |
| State: District:  |  |  |                          |

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1254.29

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEB EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 12    | / | 2017      |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8274

Amount of Each Disbursement this Period

[REDACTED] 269.89

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement  
CC PAYMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 27    | / | 2017      |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8288

Amount of Each Disbursement this Period

[REDACTED] 4714.06

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 15    | / | 2017      |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8340

Amount of Each Disbursement this Period

[REDACTED] 884.40

AMEX 2/27

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 4714.06

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)  
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 15 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8341  
Amount of Each Disbursement this Period: 884.40  
AMEX 2/27

Memo Item

**B. AMERICAN EXPRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement CC FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 19 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8342  
Amount of Each Disbursement this Period: 50.00  
AMEX 2/27

Memo Item

**C. AMTRAK**

Full Name (Last, First, Middle Initial)  
Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 04 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8345  
Amount of Each Disbursement this Period: 477.00  
AMEX 2/27

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CIBO BISTRO &amp; WINE BAR</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 18 / 2017   |
| Mailing Address<br>LAGUARDIA AIRPORT<br>LAGUARDIA RD   |   | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.I8353</b><br>Amount of Each Disbursement this Period<br>120.53<br>AMEX 2/27<br><input checked="" type="checkbox"/> Memo Item |
| City<br>FLUSHING   | State<br>NY   |  |
| Zip Code<br>11371  | Purpose of Disbursement<br>FOOD/BEVERAGES   | Category/Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State:<br>District:   |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CIBO BISTRO &amp; WINE BAR</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 18 / 2017  |
| Mailing Address<br>LAGUARDIA AIRPORT<br>LAGUARDIA RD   |   | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.I8354</b><br>Amount of Each Disbursement this Period<br>96.43<br>AMEX 2/27<br><input checked="" type="checkbox"/> Memo Item |
| City<br>FLUSHING   | State<br>NY   |   |
| Zip Code<br>11371  | Purpose of Disbursement<br>FOOD/BEVERAGES   | Category/Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State:<br>District:   |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CIBO BISTRO &amp; WINE BAR</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 18 / 2017   |
| Mailing Address<br>LAGUARDIA AIRPORT<br>LAGUARDIA RD   |   | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.I8355</b><br>Amount of Each Disbursement this Period<br>100.23<br>AMEX 2/27<br><input checked="" type="checkbox"/> Memo Item |
| City<br>FLUSHING   | State<br>NY   |  |
| Zip Code<br>11371  | Purpose of Disbursement<br>FOOD/BEVERAGES   | Category/Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State:<br>District:   |  |

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CIBO BISTRO & WINE BAR**

Mailing Address LAGUARDIA AIRPORT  
LAGUARDIA RD

City FLUSHING State NY Zip Code 11371

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8356  
Amount of Each Disbursement this Period

10.95

AMEX 2/27

Memo Item

Full Name (Last, First, Middle Initial)

**B. HERTZ**

Mailing Address 225 BRAE BLVD

City PARK RIDGE State NJ Zip Code 07656

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 04 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8370  
Amount of Each Disbursement this Period

477.39

AMEX 2/27

Memo Item

Full Name (Last, First, Middle Initial)

**C. RENAISSANCE HOTELS**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8382  
Amount of Each Disbursement this Period

363.51

AMEX 2/27

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. RENDEZ-VOUS LIMOUSINE LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 18 / 2017  |
| Mailing Address 1425 K ST, STE 350  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8383</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 154.04<br>AMEX 2/27 |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20005   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. RENDEZ-VOUS LIMOUSINE LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 18 / 2017  |
| Mailing Address 1425 K ST, STE 350  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8384</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 154.05<br>AMEX 2/27 |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20005   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. RENDEZ-VOUS LIMOUSINE LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 18 / 2017  |
| Mailing Address 1425 K ST, STE 350  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8385</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 154.05<br>AMEX 2/27 |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20005   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

|                 |
|-----------------|
| [REDACTED] 0.00 |
| [REDACTED]      |

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. RENDEZ-VOUS LIMOUSINE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 8 |   | 2 | 0 | 1 | 7 |

FEC Identification Number

C

Transaction ID : SB21B.I8386

Amount of Each Disbursement this Period

154.06

AMEX 2/27

Memo Item

**B. UBER TECHNOLOGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST  
FL 4

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 9 |   | 2 | 0 | 1 | 7 |

FEC Identification Number

C

Transaction ID : SB21B.I8421

Amount of Each Disbursement this Period

38.12

AMEX 2/27

Memo Item

**C. UBER TECHNOLOGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST  
FL 4

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 9 |   | 2 | 0 | 1 | 7 |

FEC Identification Number

C

Transaction ID : SB21B.I8422

Amount of Each Disbursement this Period

40.04

AMEX 2/27

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2017  |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8423</b><br>Amount of Each Disbursement this Period<br>12.33<br>AMEX 2/27 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 07 / 2017  |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8424</b><br>Amount of Each Disbursement this Period<br>18.30<br>AMEX 2/27 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 14 / 2017  |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8425</b><br>Amount of Each Disbursement this Period<br>10.74<br>AMEX 2/27 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 16 / 2017  |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8426</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 25.82 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   | <input checked="" type="checkbox"/> Memo Item<br>AMEX 2/27   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AMERICAN EXPRESS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 04 / 2017  |
| Mailing Address 200 VESEY ST  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8318</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 3014.70 |
| City<br>NEW YORK  | State<br>NY  | Zip Code<br>10285   |
| Purpose of Disbursement<br>CC PAYMENT (SEE BELOW)   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   | <input type="checkbox"/> Memo Item   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. AMERICAN EXPRESS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 22 / 2017   |
| Mailing Address 200 VESEY ST  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8343</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 175.00 |
| City<br>NEW YORK  | State<br>NY  | Zip Code<br>10285  |
| Purpose of Disbursement<br>CC FEE   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   | <input checked="" type="checkbox"/> Memo Item<br>AMEX 5/4  |  |

|  |                    |
|--|--------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [REDACTED] 3014.70 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [REDACTED]         |

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. AMERICAN EXPRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement CC FEE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8344  
Amount of Each Disbursement this Period: 38.00  
AMEX 5/4  
 Memo Item

**B. OLYMPIA MOVING AND STORAGE**

Full Name (Last, First, Middle Initial)  
Mailing Address 17 BRIDGE ST

City WATERTOWN State MA Zip Code 02472

Purpose of Disbursement MOVING AND STORAGE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 21 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8378  
Amount of Each Disbursement this Period: 561.00  
AMEX 5/4  
 Memo Item

**C. SOUTHWEST AIRLINES**

Full Name (Last, First, Middle Initial)  
Mailing Address 2702 LOVE FIELD

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 23 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8406  
Amount of Each Disbursement this Period: 15.00  
AMEX 5/4  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SOUTHWEST AIRLINES</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 23 / 2017 |  |
| Mailing Address 2702 LOVE FIELD   |  | FEC Identification Number<br>C [REDACTED]                |  |
| City<br>DALLAS  | State<br>TX  | Zip Code<br>75235  | Transaction ID : <b>SB21B.I8407</b>              |
| Purpose of Disbursement<br>TRAVEL   |  | Category/Type  | Amount of Each Disbursement this Period<br>15.00 |
| Candidate Name  |  |  | AMEX 5/4   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <input checked="" type="checkbox"/> Memo Item    |
| State: District:  |  |  |  |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. SOUTHWEST AIRLINES</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 23 / 2017 |   |
| Mailing Address 2702 LOVE FIELD   |  | FEC Identification Number<br>C [REDACTED]                |   |
| City<br>DALLAS  | State<br>TX  | Zip Code<br>75235  | Transaction ID : <b>SB21B.I8408</b>               |
| Purpose of Disbursement<br>TRAVEL   |  | Category/Type  | Amount of Each Disbursement this Period<br>616.96 |
| Candidate Name  |  |  | AMEX 5/4  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <input checked="" type="checkbox"/> Memo Item     |
| State: District:  |  |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. SOUTHWEST AIRLINES</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 26 / 2017 |   |
| Mailing Address 2702 LOVE FIELD   |  | FEC Identification Number<br>C [REDACTED]                |   |
| City<br>DALLAS  | State<br>TX  | Zip Code<br>75235  | Transaction ID : <b>SB21B.I8409</b>               |
| Purpose of Disbursement<br>TRAVEL   |  | Category/Type  | Amount of Each Disbursement this Period<br>555.06 |
| Candidate Name  |  |  | AMEX 5/4  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <input checked="" type="checkbox"/> Memo Item     |
| State: District:  |  |  |   |

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

|            |
|------------|
| 0.00       |
| [REDACTED] |

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. TICKETMASTER**

Full Name (Last, First, Middle Initial)

Mailing Address VERIZON CENTER  
601 F ST NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement TICKETS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8416

Amount of Each Disbursement this Period: 248.25

AMEX 5/4

Memo Item

**B. UBER TECHNOLOGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 22 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8427

Amount of Each Disbursement this Period: 9.66

AMEX 5/4

Memo Item

**C. UBER TECHNOLOGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8428

Amount of Each Disbursement this Period: 13.93

AMEX 5/4

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. UBER TECHNOLOGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 24 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8429  
Amount of Each Disbursement this Period: 10.68  
AMEX 5/4  
 Memo Item

**B. UBER TECHNOLOGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 02 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8430  
Amount of Each Disbursement this Period: 28.21  
AMEX 5/4  
 Memo Item

**C. UBER TECHNOLOGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 03 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8431  
Amount of Each Disbursement this Period: 24.50  
AMEX 5/4  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8432

Amount of Each Disbursement this Period

13.17

AMEX 5/4

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8433

Amount of Each Disbursement this Period

11.39

AMEX 5/4

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8434

Amount of Each Disbursement this Period

7.28

AMEX 5/4

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 09 / 2017  |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8435</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 15.15<br>AMEX 5/4 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 15 / 2017  |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8436</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 13.54<br>AMEX 5/4 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 15 / 2017  |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8437</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 10.67<br>AMEX 5/4 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 16 / 2017                         |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8438</b> |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL   | Category/Type<br>[REDACTED]  |  |
| Candidate Name  | Amount of Each Disbursement this Period<br>[REDACTED] 17.85  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | AMEX 5/4<br><input checked="" type="checkbox"/> Memo Item                        |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 17 / 2017                         |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8439</b> |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL   | Category/Type<br>[REDACTED]  |  |
| Candidate Name  | Amount of Each Disbursement this Period<br>[REDACTED] 32.80  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | AMEX 5/4<br><input checked="" type="checkbox"/> Memo Item                        |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 06 / 2017                         |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8440</b> |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL   | Category/Type<br>[REDACTED]  |  |
| Candidate Name  | Amount of Each Disbursement this Period<br>[REDACTED] 15.07  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | AMEX 5/4<br><input checked="" type="checkbox"/> Memo Item                        |
| State: District:  |  |  |

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 06 / 2017  |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8441</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 12.10 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   | <input checked="" type="checkbox"/> Memo Item<br>AMEX 5/4  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AMERICAN EXPRESS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 07 / 2017   |
| Mailing Address 200 VESEY ST  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8339</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 723.52 |
| City<br>NEW YORK  | State<br>NY  | Zip Code<br>10285  |
| Purpose of Disbursement<br>CC PAYMENT (SEE BELOW)   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. HOTEL ELYSEE</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 05 / 2017   |
| Mailing Address 60 E 54TH ST  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8371</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 384.46 |
| City<br>NEW YORK  | State<br>NY  | Zip Code<br>10022  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   | <input checked="" type="checkbox"/> Memo Item<br>AMEX 6/7  |  |

|  |                   |
|--|-------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [REDACTED] 723.52 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [REDACTED]        |

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 03 / 2017   |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8457</b><br>Amount of Each Disbursement this Period<br>51.74 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input checked="" type="checkbox"/> Memo Item<br>AMEX 6/7  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 08 / 2017  |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8458</b><br>Amount of Each Disbursement this Period<br>150.60 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item<br>AMEX 6/7  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 09 / 2017   |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8459</b><br>Amount of Each Disbursement this Period<br>17.22 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input checked="" type="checkbox"/> Memo Item<br>AMEX 6/7  |  |

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 09 / 2017                  |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8460</b> |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103   |
| Purpose of Disbursement<br>TRAVEL   | Category/Type<br>[ ]   |   |
| Candidate Name  | Amount of Each Disbursement this Period<br>[ ] 15.00   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | AMEX 6/7  |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 09 / 2017                  |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8461</b> |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103   |
| Purpose of Disbursement<br>TRAVEL   | Category/Type<br>[ ]   |   |
| Candidate Name  | Amount of Each Disbursement this Period<br>[ ] 52.56   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | AMEX 6/7  |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2017                  |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8462</b> |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103   |
| Purpose of Disbursement<br>TRAVEL   | Category/Type<br>[ ]   |   |
| Candidate Name  | Amount of Each Disbursement this Period<br>[ ] 19.27   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | AMEX 6/7  |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

### A. CHAIN BRIDGE BANK

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   | 1 | 2 |   |   | 2 | 0 | 1 | 7 |   |   |

Mailing Address 1445-A LAUGHLIN AVE

FEC Identification Number

C [ ]

Transaction ID : SB21B.I8279

Amount of Each Disbursement this Period

[ ] 35.00

Memo Item

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

[ ]

Category/  
Type

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Full Name (Last, First, Middle Initial)

### B. CHAIN BRIDGE BANK

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 0 | 1 |   |   | 2 | 0 | 1 | 7 |   |   |

Mailing Address 1445-A LAUGHLIN AVE

FEC Identification Number

C [ ]

Transaction ID : SB21B.I8282

Amount of Each Disbursement this Period

[ ] 20.00

Memo Item

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

[ ]

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. CHAIN BRIDGE BANK

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 2 | 7 |   |   | 2 | 0 | 1 | 7 |   |   |

Mailing Address 1445-A LAUGHLIN AVE

FEC Identification Number

C [ ]

Transaction ID : SB21B.I8289

Amount of Each Disbursement this Period

[ ] 20.00

Memo Item

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

[ ]

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)..... ▶

[ ] 75.00

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. CHAIN BRIDGE BANK</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 09 / 2017                  |
| Mailing Address 1445-A LAUGHLIN AVE   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8294</b> |
| City<br>MCLEAN  | State<br>VA  | Zip Code<br>22101   |
| Purpose of Disbursement<br>BANK FEE   |  | Amount of Each Disbursement this Period<br>[ ] 20.00                      |
| Candidate Name  |  | Memo Item <input type="checkbox"/>  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | Category/Type  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CHAIN BRIDGE BANK</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 20 / 2017                  |
| Mailing Address 1445-A LAUGHLIN AVE   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8296</b> |
| City<br>MCLEAN  | State<br>VA  | Zip Code<br>22101   |
| Purpose of Disbursement<br>BANK FEE   |  | Amount of Each Disbursement this Period<br>[ ] 20.00                      |
| Candidate Name  |  | Memo Item <input type="checkbox"/>  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | Category/Type  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. CHAIN BRIDGE BANK</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 28 / 2017                  |
| Mailing Address 1445-A LAUGHLIN AVE   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8300</b> |
| City<br>MCLEAN  | State<br>VA  | Zip Code<br>22101   |
| Purpose of Disbursement<br>BANK FEE   |  | Amount of Each Disbursement this Period<br>[ ] 20.00                      |
| Candidate Name  |  | Memo Item <input type="checkbox"/>  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | Category/Type  |   |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 60.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [ ]       |



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

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

FOR LINE NUMBER: (check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. CHAIN BRIDGE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8308

Amount of Each Disbursement this Period: 20.00

Memo Item

**B. CHAIN BRIDGE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8310

Amount of Each Disbursement this Period: 20.00

Memo Item

**C. CHAIN BRIDGE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8313

Amount of Each Disbursement this Period: 20.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. CHAIN BRIDGE BANK</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 10 / 2017                  |
| Mailing Address 1445-A LAUGHLIN AVE   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8321</b> |
| City<br>MCLEAN  | State<br>VA  | Zip Code<br>22101   |
| Purpose of Disbursement<br>BANK FEE   |  | Amount of Each Disbursement this Period<br>[ ] 20.00                      |
| Candidate Name  |  | Memo Item <input type="checkbox"/>  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | Category/Type  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CHAIN BRIDGE BANK</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 12 / 2017                  |
| Mailing Address 1445-A LAUGHLIN AVE   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8479</b> |
| City<br>MCLEAN  | State<br>VA  | Zip Code<br>22101   |
| Purpose of Disbursement<br>BANK FEE   |  | Amount of Each Disbursement this Period<br>[ ] 20.00                      |
| Candidate Name  |  | Memo Item <input type="checkbox"/>  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | Category/Type  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. CHAIN BRIDGE BANK</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 27 / 2017                  |
| Mailing Address 1445-A LAUGHLIN AVE   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8487</b> |
| City<br>MCLEAN  | State<br>VA  | Zip Code<br>22101   |
| Purpose of Disbursement<br>BANK FEE   |  | Amount of Each Disbursement this Period<br>[ ] 20.00                      |
| Candidate Name  |  | Memo Item <input type="checkbox"/>  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | Category/Type  |   |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 60.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [ ]       |

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. CHAIN BRIDGE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 22 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8489

Amount of Each Disbursement this Period: 20.00

Memo Item

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RDSTE 400 STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8277

Amount of Each Disbursement this Period: 250.00

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RDSTE 400 STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8284

Amount of Each Disbursement this Period: 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 520.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 03    |   | 2017      |

Mailing Address 1593 SPRING HILL RD STE 400  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES

FEC Identification Number

C [ ]

Transaction ID : SB21B.I8291

Amount of Each Disbursement this Period

[ ] 250.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. CMDI**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 06    |   | 2017      |

Mailing Address 1593 SPRING HILL RD STE 400  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES

FEC Identification Number

C [ ]

Transaction ID : SB21B.I8306

Amount of Each Disbursement this Period

[ ] 250.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. CMDI**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 08    |   | 2017      |

Mailing Address 1593 SPRING HILL RD STE 400  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES

FEC Identification Number

C [ ]

Transaction ID : SB21B.I8319

Amount of Each Disbursement this Period

[ ] 250.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 750.00

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 0 | 6 |   |   | 2 | 0 | 1 | 7 |   |   |

Mailing Address 1593 SPRING HILL RD STE 400  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
ONLINE SERVICES

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.I8477

Amount of Each Disbursement this Period

250.00

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. CMDI**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 0 | 6 |   |   | 2 | 0 | 1 | 7 |   |   |

Mailing Address 1593 SPRING HILL RD STE 400  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
ONLINE SERVICES

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.I8478

Amount of Each Disbursement this Period

3574.13

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. COMMONWEALTH REAL ESTATE PARTNERS**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 0 | 1 |   |   | 2 | 0 | 1 | 7 |   |   |

Mailing Address 806 N FAIRFAX ST  
SUITE 185

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.I8283

Amount of Each Disbursement this Period

40000.00

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

43824.13

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)  
**A. COMMONWEALTH REAL ESTATE PARTNERS**

Mailing Address 806 N FAIRFAX ST  
SUITE 185

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 27 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8290  
Amount of Each Disbursement this Period: 10200.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. COMMONWEALTH REAL ESTATE PARTNERS**

Mailing Address 806 N FAIRFAX ST  
SUITE 185

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 13 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8311  
Amount of Each Disbursement this Period: 10200.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. COMMONWEALTH REAL ESTATE PARTNERS**

Mailing Address 806 N FAIRFAX ST  
SUITE 185

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 10 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8322  
Amount of Each Disbursement this Period: 10200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 30600.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. ELECTION CFO, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 22 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8324  
Amount of Each Disbursement this Period: 15763.88

Memo Item

**B. GOOGLE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
ONLINE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 06 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8278  
Amount of Each Disbursement this Period: 50.00

Memo Item

**C. GOOGLE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
ONLINE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8285  
Amount of Each Disbursement this Period: 50.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15863.88

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

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

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

FOR LINE NUMBER: (check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
ONLINE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8292

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
ONLINE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8307

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
ONLINE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8320

Amount of Each Disbursement this Period

50.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

150.00



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
ONLINE SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8476

Amount of Each Disbursement this Period

[REDACTED] 50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JOHNSON STRATEGIES LLC**

Mailing Address 4612 DUSIK LN

City AUSTIN State TX Zip Code 78746

Purpose of Disbursement  
STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8297

Amount of Each Disbursement this Period

[REDACTED] 17639.87

Memo Item

Full Name (Last, First, Middle Initial)

**C. JOHNSON STRATEGIES LLC**

Mailing Address 4612 DUSIK LN

City AUSTIN State TX Zip Code 78746

Purpose of Disbursement  
STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8304

Amount of Each Disbursement this Period

[REDACTED] 8000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 25689.87

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JOHNSON STRATEGIES LLC</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 03 / 2017  |
| Mailing Address 4612 DUSIK LN   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8315</b><br>Amount of Each Disbursement this Period<br>5099.24 |
| City<br>AUSTIN  | State<br>TX  | Zip Code<br>78746   |
| Purpose of Disbursement<br>STRATEGIC CONSULTING   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JOHNSON STRATEGIES LLC</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 03 / 2017  |
| Mailing Address 4612 DUSIK LN   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8316</b><br>Amount of Each Disbursement this Period<br>8000.00 |
| City<br>AUSTIN  | State<br>TX  | Zip Code<br>78746   |
| Purpose of Disbursement<br>STRATEGIC CONSULTING   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JOHNSON STRATEGIES LLC</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 07 / 2017  |
| Mailing Address 4612 DUSIK LN   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.I8482</b><br>Amount of Each Disbursement this Period<br>8000.00 |
| City<br>AUSTIN  | State<br>TX  | Zip Code<br>78746   |
| Purpose of Disbursement<br>STRATEGIC CONSULTING   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 21099.24 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [ ]      |

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. LUKENS COMPANY, THE**

Full Name (Last, First, Middle Initial)

Mailing Address 2800 SHIRLINGTON RD  
FL 9

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8491

Amount of Each Disbursement this Period: 10219.25

Memo Item

**B. MLJ CONSULTING, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 26402

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMMUNICATIONS, RESEARCH AND ADMIN CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8309

Amount of Each Disbursement this Period: 2152.54

Memo Item

**C. MLJ CONSULTING, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 26402

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMMUNICATIONS, RESEARCH AND ADMIN CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8483

Amount of Each Disbursement this Period: 9934.34

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 22306.13

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)  
**A. STATECRAFT PLLC**

Mailing Address 649 N 4TH AVE  
STE B

City PHOENIX State AZ Zip Code 85003

Purpose of Disbursement LEGAL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8303

Amount of Each Disbursement this Period: 7517.50

Memo Item

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

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R  
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement FUNDRAISING CONSULTANT EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8272

Amount of Each Disbursement this Period: 36.50

Memo Item

Full Name (Last, First, Middle Initial)  
**C. TARBELL COMPANIES, INC.**

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R  
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8293

Amount of Each Disbursement this Period: 10000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 17554.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)  
**A. TARBELL COMPANIES, INC.**

Date of Disbursement  
MM / DD / YYYY  
03 / 20 / 2017

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R  
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
C  
Transaction ID : SB21B.I8298  
Amount of Each Disbursement this Period  
10000.00

Memo Item

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

Date of Disbursement  
MM / DD / YYYY  
03 / 28 / 2017

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R  
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
C  
Transaction ID : SB21B.I8301  
Amount of Each Disbursement this Period  
10000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. TARBELL COMPANIES, INC.**

Date of Disbursement  
MM / DD / YYYY  
05 / 01 / 2017

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R  
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
C  
Transaction ID : SB21B.I8314  
Amount of Each Disbursement this Period  
10000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 30000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TUSK DIGITAL**

Mailing Address 718 7TH ST NW  
FL 2

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 7 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8484

Amount of Each Disbursement this Period

[REDACTED] 14632.52

Memo Item

Full Name (Last, First, Middle Initial)

**B. TUSK DIGITAL**

Mailing Address 718 7TH ST NW  
FL 2

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 7 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8488

Amount of Each Disbursement this Period

[REDACTED] 14929.52

Memo Item

Full Name (Last, First, Middle Initial)

**C. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City  
ROCKVILLE

State  
MD

Zip Code  
20855

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 2 |   | 2 | 0 | 1 | 7 |

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8280

Amount of Each Disbursement this Period

[REDACTED] 8652.22

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 38214.26

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |  |                                 |
|---|--|--|---------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. SADLER, FRANK, F, ,</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 13 / 2017   |                                 |
| Mailing Address 1020 N FAIRFAX ST STE 200   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8501</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 4145.34<br>XCELHR 1/12 |                                 |
| City<br>ALEXANDRIA  | State<br>VA  | Zip Code<br>22314  | Category/<br>Type<br>[REDACTED] |
| Purpose of Disbursement<br>NET WAGES  |  | Candidate Name   |                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                                 |
| State:<br>District:   | <input checked="" type="checkbox"/> Memo Item  |  |                                 |

|   |  |  |                                 |
|---|--|--|---------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. SPURLOCK, BRIDGET, E, ,</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 13 / 2017   |                                 |
| Mailing Address 1020 N FAIRFAX ST STE 200   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8502</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 1335.76<br>XCELHR 1/12 |                                 |
| City<br>ALEXANDRIA  | State<br>VA  | Zip Code<br>22314  | Category/<br>Type<br>[REDACTED] |
| Purpose of Disbursement<br>NET WAGES  |  | Candidate Name   |                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                                 |
| State:<br>District:   | <input checked="" type="checkbox"/> Memo Item  |  |                                 |

|   |  |  |                                 |
|---|--|--|---------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. XCELHR</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 13 / 2017   |                                 |
| Mailing Address 7361 CALHOUN PL<br>STE 600  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.I8500</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 1152.22<br>XCELHR 1/12 |                                 |
| City<br>ROCKVILLE   | State<br>MD  | Zip Code<br>20855  | Category/<br>Type<br>[REDACTED] |
| Purpose of Disbursement<br>PAYROLL SERVICES   |  | Candidate Name   |                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                                 |
| State:<br>District:   | <input checked="" type="checkbox"/> Memo Item  |  |                                 |

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8503

Amount of Each Disbursement this Period

2018.90

XCELHR 1/12

Memo Item

Full Name (Last, First, Middle Initial)

**B. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8281

Amount of Each Disbursement this Period

8652.22

Memo Item

Full Name (Last, First, Middle Initial)

**C. SADLER, FRANK, F, ,**

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
NET WAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8505

Amount of Each Disbursement this Period

4145.34

XCELHR 1/25

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8652.22



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SPURLOCK, BRIDGET, E, ,**

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
NET WAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8506  
Amount of Each Disbursement this Period  
1335.76

XCELHR 1/25

Memo Item

Full Name (Last, First, Middle Initial)

**B. XCELHR**

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8504  
Amount of Each Disbursement this Period  
2018.90

XCELHR 1/25

Memo Item

Full Name (Last, First, Middle Initial)

**C. XCELHR**

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL SVC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8507  
Amount of Each Disbursement this Period  
1152.22

XCELHR 1/25

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8286  
Amount of Each Disbursement this Period  
8851.58

Memo Item

Full Name (Last, First, Middle Initial)

**B. SADLER, FRANK, F, ,**

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
NET WAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8509  
Amount of Each Disbursement this Period  
4145.33  
XCELHR 2/9

Memo Item

Full Name (Last, First, Middle Initial)

**C. SPURLOCK, BRIDGET, E, ,**

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
NET WAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8510  
Amount of Each Disbursement this Period  
1455.26  
XCELHR 2/9

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8851.58

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

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

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 10 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8508  
Amount of Each Disbursement this Period: 2072.49  
XCELHR 2/9  
 Memo Item

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

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL SVC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 10 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8511  
Amount of Each Disbursement this Period: 1178.50  
XCELHR 2/9  
 Memo Item

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

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 22 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.I8287  
Amount of Each Disbursement this Period: 6656.86  
Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6656.86

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. SADLER, FRANK, F, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET WAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8513

Amount of Each Disbursement this Period: 4145.33

XCELHR 2/22

Memo Item

**B. XCELHR**

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8512

Amount of Each Disbursement this Period: 1623.90

XCELHR 2/22

Memo Item

**C. XCELHR**

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8514

Amount of Each Disbursement this Period: 887.63

XCELHR 2/22

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I8295**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. SADLER, FRANK, F, ,**

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
NET WAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I8517**  
Amount of Each Disbursement this Period  
  
XCELHR 3/9

Memo Item

Full Name (Last, First, Middle Initial)

**C. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I8515**  
Amount of Each Disbursement this Period  
  
XCELHR 3/9

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL SVC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.I8516

Amount of Each Disbursement this Period

XCELHR 3/9

Memo Item

Full Name (Last, First, Middle Initial)

**B. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.I8299

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. SADLER, FRANK, F, ,**

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.I8520

Amount of Each Disbursement this Period

XCELHR 3/23

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8518  
Amount of Each Disbursement this Period  
1623.89

XCELHR 3/23

Memo Item

Full Name (Last, First, Middle Initial)

**B. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL SVC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8519  
Amount of Each Disbursement this Period  
887.63

XCELHR 3/23

Memo Item

Full Name (Last, First, Middle Initial)

**C. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8305  
Amount of Each Disbursement this Period  
6656.86

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6656.86

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. SADLER, FRANK, F, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET WAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8523

Amount of Each Disbursement this Period: 4145.32

XCELHR 4/5

Memo Item

**B. XCELHR**

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8521

Amount of Each Disbursement this Period: 1623.91

XCELHR 4/5

Memo Item

**C. XCELHR**

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8522

Amount of Each Disbursement this Period: 887.63

XCELHR 4/5

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8312  
Amount of Each Disbursement this Period

6656.86

Memo Item

Full Name (Last, First, Middle Initial)

**B. SADLER, FRANK, F, ,**

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
NET WAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8526  
Amount of Each Disbursement this Period

4145.34

XCELHR 4/19

Memo Item

Full Name (Last, First, Middle Initial)

**C. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8524  
Amount of Each Disbursement this Period

1623.89

XCELHR 4/19

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6656.86

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL SVC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8525  
Amount of Each Disbursement this Period  
887.63

XCELHR 4/19

Memo Item

Full Name (Last, First, Middle Initial)

**B. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8317  
Amount of Each Disbursement this Period  
6656.86

Memo Item

Full Name (Last, First, Middle Initial)

**C. SADLER, FRANK, F, ,**

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
NET WAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8529  
Amount of Each Disbursement this Period  
4145.34

XCELHR 5/3

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6656.86

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8527

Amount of Each Disbursement this Period

1623.89

XCELHR 5/3

Memo Item

Full Name (Last, First, Middle Initial)

**B. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL SVC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8528

Amount of Each Disbursement this Period

887.63

XCELHR 5/3

Memo Item

Full Name (Last, First, Middle Initial)

**C. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 17 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8323

Amount of Each Disbursement this Period

6656.86

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6656.86

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. SADLER, FRANK, F, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET WAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 19 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8532

Amount of Each Disbursement this Period: 4145.33

XCELHR 5/17

Memo Item

**B. XCELHR**

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 19 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8530

Amount of Each Disbursement this Period: 1623.90

XCELHR 5/17

Memo Item

**C. XCELHR**

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 19 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8531

Amount of Each Disbursement this Period: 887.63

XCELHR 5/17

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER: (check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8475  
Amount of Each Disbursement this Period  
6656.86

Memo Item

Full Name (Last, First, Middle Initial)

**B. SADLER, FRANK, F, ,**

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
NET WAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8535  
Amount of Each Disbursement this Period  
4145.34  
XCELHR 6/1

Memo Item

Full Name (Last, First, Middle Initial)

**C. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8533  
Amount of Each Disbursement this Period  
1623.89  
XCELHR 6/1

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6656.86

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL SVC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8534

Amount of Each Disbursement this Period

[REDACTED] 887.63

XCELHR 6/1

Memo Item

Full Name (Last, First, Middle Initial)

**B. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8486

Amount of Each Disbursement this Period

[REDACTED] 6656.86

Memo Item

Full Name (Last, First, Middle Initial)

**C. SADLER, FRANK, F, ,**

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
NET WAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8541

Amount of Each Disbursement this Period

[REDACTED] 4145.34

XCELHR 6/28

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 6656.86

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8539

Amount of Each Disbursement this Period

[REDACTED] 1623.89

XCELHR 6/28

Memo Item

Full Name (Last, First, Middle Initial)

**B. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL SVC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8540

Amount of Each Disbursement this Period

[REDACTED] 887.63

XCELHR 6/28

Memo Item

Full Name (Last, First, Middle Initial)

**C. XCELHR**

Mailing Address 7361 CALHOUN PL  
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8490

Amount of Each Disbursement this Period

[REDACTED] 6656.86

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 6656.86

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. SADLER, FRANK, F, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET WAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 16 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8538

Amount of Each Disbursement this Period: 4145.32

XCELHR 6/14

Memo Item

**B. XCELHR**

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 16 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8536

Amount of Each Disbursement this Period: 1623.91

XCELHR 6/14

Memo Item

**C. XCELHR**

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 16 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8537

Amount of Each Disbursement this Period: 887.63

XCELHR 6/14

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶ 348355.48



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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ALBEMARLE COUNTY REPUBLICAN COMMITTEE</b>                                |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 30 / 2017  |
| Mailing Address 455 ALBEMARLE SQ  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB29.I8496</b><br>Amount of Each Disbursement this Period<br>[REDACTED] - 500.00<br>VOID STALE CHECK<br><input type="checkbox"/> Memo Item |
| City<br>CHARLOTTESVILLE   | State<br>VA  | Zip Code<br>22901   |
| Purpose of Disbursement<br>NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)  |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AMERICAN EXPRESS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 06 / 2017  |
| Mailing Address 200 VESEY ST  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB29.I8326</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 13320.32<br><input type="checkbox"/> Memo Item |
| City<br>NEW YORK  | State<br>NY  | Zip Code<br>10285   |
| Purpose of Disbursement<br>CC PAYMENT (SEE BELOW) (NON-CONTRIBUTION)  |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. AMTRAK</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 08 / 2016   |
| Mailing Address 60 MASSACHUSETTS AVE NE   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB29.I8346</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 816.00<br>AMEX 1/6<br><input checked="" type="checkbox"/> Memo Item |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20002  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   |  |  |

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12820.32

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. AMTRAK**

Full Name (Last, First, Middle Initial)

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 09 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8347

Amount of Each Disbursement this Period: 1224.00

AMEX 1/6

Memo Item

**B. AMTRAK**

Full Name (Last, First, Middle Initial)

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8348

Amount of Each Disbursement this Period: - 1224.00

AMEX 1/6

Memo Item

**C. AMTRAK**

Full Name (Last, First, Middle Initial)

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8349

Amount of Each Disbursement this Period: 1224.00

AMEX 1/6

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. LIMOLINK**

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 16 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8373

Amount of Each Disbursement this Period: 265.43

AMEX 1/6

Memo Item

**B. RENDEZ-VOUS LIMOUSINE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8387

Amount of Each Disbursement this Period: 160.89

AMEX 1/6

Memo Item

**C. RENDEZ-VOUS LIMOUSINE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8388

Amount of Each Disbursement this Period: 154.05

AMEX 1/6

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. RENDEZ-VOUS LIMOUSINE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8389

Amount of Each Disbursement this Period: 154.05

AMEX 1/6

Memo Item

**B. RENDEZ-VOUS LIMOUSINE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8390

Amount of Each Disbursement this Period: 154.05

AMEX 1/6

Memo Item

**C. RENDEZ-VOUS LIMOUSINE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8391

Amount of Each Disbursement this Period: 160.89

AMEX 1/6

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. RENDEZ-VOUS LIMOUSINE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8392

Amount of Each Disbursement this Period: 154.05

AMEX 1/6

Memo Item

**B. RENDEZ-VOUS LIMOUSINE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8393

Amount of Each Disbursement this Period: 325.05

AMEX 1/6

Memo Item

**C. RENDEZ-VOUS LIMOUSINE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8394

Amount of Each Disbursement this Period: 461.56

AMEX 1/6

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. RENDEZ-VOUS LIMOUSINE LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 03 / 2016  |
| Mailing Address 1425 K ST, STE 350  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8395</b><br>Amount of Each Disbursement this Period<br>[ ] 461.85<br>AMEX 1/6 |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20005   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. RENDEZ-VOUS LIMOUSINE LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 11 / 2016  |
| Mailing Address 1425 K ST, STE 350  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8396</b><br>Amount of Each Disbursement this Period<br>[ ] 461.85<br>AMEX 1/6 |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20005   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

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|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. RENDEZ-VOUS LIMOUSINE LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 20 / 2016  |
| Mailing Address 1425 K ST, STE 350  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8397</b><br>Amount of Each Disbursement this Period<br>[ ] 154.05<br>AMEX 1/6 |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20005   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. RENDEZ-VOUS LIMOUSINE LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 20 / 2016   |
| Mailing Address 1425 K ST, STE 350  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8398</b><br>Amount of Each Disbursement this Period<br>[ ] 372.93<br>AMEX 1/6<br><input checked="" type="checkbox"/> Memo Item |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20005  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   |  |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RENDEZ-VOUS LIMOUSINE LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 20 / 2016   |
| Mailing Address 1425 K ST, STE 350  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8399</b><br>Amount of Each Disbursement this Period<br>[ ] 167.73<br>AMEX 1/6<br><input checked="" type="checkbox"/> Memo Item |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20005  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. RENDEZ-VOUS LIMOUSINE LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 20 / 2016   |
| Mailing Address 1425 K ST, STE 350  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8400</b><br>Amount of Each Disbursement this Period<br>[ ] 728.61<br>AMEX 1/6<br><input checked="" type="checkbox"/> Memo Item |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20005  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   |  |  |

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. RENDEZ-VOUS LIMOUSINE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8401

Amount of Each Disbursement this Period: 167.73

AMEX 1/6

Memo Item

**B. RENDEZ-VOUS LIMOUSINE LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8402

Amount of Each Disbursement this Period: 154.05

AMEX 1/6

Memo Item

**C. TRUMP INTERNATIONAL HOTEL & TOWER**

Full Name (Last, First, Middle Initial)

Mailing Address 1 CENTRAL PARK WEST

City NEW YORK State NY Zip Code 10023

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8417

Amount of Each Disbursement this Period: 2815.81

AMEX 1/6

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TRUMP INTERNATIONAL HOTEL & TOWER**

Mailing Address 1 CENTRAL PARK WEST

City NEW YORK State NY Zip Code 10023

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2016

FEC Identification Number

C  
Transaction ID : SB29.18418  
Amount of Each Disbursement this Period  
1506.76  
AMEX 1/6

Memo Item

Full Name (Last, First, Middle Initial)

**B. TRUMP INTERNATIONAL HOTEL & TOWER**

Mailing Address 1 CENTRAL PARK WEST

City NEW YORK State NY Zip Code 10023

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2016

FEC Identification Number

C  
Transaction ID : SB29.18419  
Amount of Each Disbursement this Period  
1558.24  
AMEX 1/6

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

FEC Identification Number

C  
Transaction ID : SB29.18442  
Amount of Each Disbursement this Period  
13.07  
AMEX 1/6

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>12 / 01 / 2016   |
| Mailing Address 1455 MARKET ST<br>FL 4                                 |   | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB29.I8443</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 15.15 |
| City<br>SAN FRANCISCO  | State<br>CA   | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL                                      | Category/<br>Type<br>[REDACTED]   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  |
| State: District:   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| <input checked="" type="checkbox"/> Memo Item                          |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>12 / 03 / 2016   |
| Mailing Address 1455 MARKET ST<br>FL 4                                 |   | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB29.I8444</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 14.33 |
| City<br>SAN FRANCISCO  | State<br>CA   | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL                                      | Category/<br>Type<br>[REDACTED]   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  |
| State: District:   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| <input checked="" type="checkbox"/> Memo Item                          |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>12 / 06 / 2016   |
| Mailing Address 1455 MARKET ST<br>FL 4                                 |   | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB29.I8445</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 17.22 |
| City<br>SAN FRANCISCO  | State<br>CA   | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL                                      | Category/<br>Type<br>[REDACTED]   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  |
| State: District:   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| <input checked="" type="checkbox"/> Memo Item                          |   |  |

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 06 / 2016   |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB29.I8446</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 18.09<br>AMEX 1/6 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 07 / 2016   |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB29.I8447</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 14.76<br>AMEX 1/6 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 10 / 2016   |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB29.I8448</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 30.80<br>AMEX 1/6 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |  |

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

|                 |
|-----------------|
| [REDACTED] 0.00 |
| [REDACTED]      |

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 12 / 2016                 |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8449</b> |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL   | Candidate Name   | Amount of Each Disbursement this Period<br>[ ] 14.49                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | AMEX 1/6<br><input checked="" type="checkbox"/> Memo Item                |
| State: District:  | Category/Type  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 15 / 2016                 |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8450</b> |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL   | Candidate Name   | Amount of Each Disbursement this Period<br>[ ] 11.24                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | AMEX 1/6<br><input checked="" type="checkbox"/> Memo Item                |
| State: District:  | Category/Type  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 15 / 2016                 |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8451</b> |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL   | Candidate Name   | Amount of Each Disbursement this Period<br>[ ] 13.51                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | AMEX 1/6<br><input checked="" type="checkbox"/> Memo Item                |
| State: District:  | Category/Type  |  |

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 16 / 2016   |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB29.I8452</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 11.71<br>AMEX 1/6 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 16 / 2016   |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB29.I8453</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 34.58<br>AMEX 1/6 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 18 / 2016   |
| Mailing Address 1455 MARKET ST<br>FL 4  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB29.I8454</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 49.72<br>AMEX 1/6 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94103  |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |  |

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. UBER TECHNOLOGIES**

Full Name (Last, First, Middle Initial)  
1455 MARKET ST  
FL 4

City: SAN FRANCISCO State: CA Zip Code: 94103

Purpose of Disbursement: TRAVEL

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 18 / 2016

FEC Identification Number: C \_\_\_\_\_

Transaction ID : SB29.18455

Amount of Each Disbursement this Period: 16.95

AMEX 1/6

Memo Item

**B. UBER TECHNOLOGIES**

Full Name (Last, First, Middle Initial)  
1455 MARKET ST  
FL 4

City: SAN FRANCISCO State: CA Zip Code: 94103

Purpose of Disbursement: TRAVEL

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 18 / 2016

FEC Identification Number: C \_\_\_\_\_

Transaction ID : SB29.18456

Amount of Each Disbursement this Period: 15.47

AMEX 1/6

Memo Item

**C. BEDFORD COUNTY REPUBLICAN COMMITTEE**

Full Name (Last, First, Middle Initial)  
107 N BRIDGE ST

City: BEDFORD State: VA Zip Code: 24523

Purpose of Disbursement: NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 30 / 2017

FEC Identification Number: C \_\_\_\_\_

Transaction ID : SB29.18499

Amount of Each Disbursement this Period: - 500.00

VOID STALE CHECK

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

- 500.00

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. BILL.COM</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 18 / 2017                 |
| Mailing Address 1810 EMBARCADERO RD   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8328</b> |
| City<br>PALO ALTO   | State<br>CA  | Zip Code<br>94303  |
| Purpose of Disbursement<br>ACCOUNTS PAYABLE SERVICES FEE (NON-CONTRIBUTION)   |  | Amount of Each Disbursement this Period<br>[ ] 75.00                     |
| Candidate Name  |  | Memo Item <input type="checkbox"/>                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | Category/Type  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. BILL.COM</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 21 / 2017                 |
| Mailing Address 1810 EMBARCADERO RD   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8330</b> |
| City<br>PALO ALTO   | State<br>CA  | Zip Code<br>94303  |
| Purpose of Disbursement<br>ACCOUNTS PAYABLE SERVICES FEE (NON-CONTRIBUTION)   |  | Amount of Each Disbursement this Period<br>[ ] 75.00                     |
| Candidate Name  |  | Memo Item <input type="checkbox"/>                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | Category/Type  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. BILL.COM</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 20 / 2017                 |
| Mailing Address 1810 EMBARCADERO RD   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8332</b> |
| City<br>PALO ALTO   | State<br>CA  | Zip Code<br>94303  |
| Purpose of Disbursement<br>ACCOUNTS PAYABLE SERVICES FEE (NON-CONTRIBUTION)   |  | Amount of Each Disbursement this Period<br>[ ] 75.00                     |
| Candidate Name  |  | Memo Item <input type="checkbox"/>                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | Category/Type  |  |

**SUBTOTAL** of Disbursements This Page (optional).....▶

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

|            |
|------------|
| [ ] 225.00 |
| [ ]        |

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. BILL.COM</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 18 / 2017                 |
| Mailing Address 1810 EMBARCADERO RD   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8335</b> |
| City<br>PALO ALTO   | State<br>CA  | Zip Code<br>94303  |
| Purpose of Disbursement<br>ACCOUNTS PAYABLE SERVICES FEE (NON-CONTRIBUTION)   |  | Amount of Each Disbursement this Period<br>[ ] 75.00                     |
| Candidate Name  |  | <input type="checkbox"/> Memo Item                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. BILL.COM</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 18 / 2017                 |
| Mailing Address 1810 EMBARCADERO RD   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8337</b> |
| City<br>PALO ALTO   | State<br>CA  | Zip Code<br>94303  |
| Purpose of Disbursement<br>ACCOUNTS PAYABLE SERVICES FEE (NON-CONTRIBUTION)   |  | Amount of Each Disbursement this Period<br>[ ] 75.00                     |
| Candidate Name  |  | <input type="checkbox"/> Memo Item                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. BILL.COM</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 19 / 2017                 |
| Mailing Address 1810 EMBARCADERO RD   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8473</b> |
| City<br>PALO ALTO   | State<br>CA  | Zip Code<br>94303  |
| Purpose of Disbursement<br>ACCOUNTS PAYABLE SERVICES FEE (NON-CONTRIBUTION)   |  | Amount of Each Disbursement this Period<br>[ ] 75.00                     |
| Candidate Name  |  | <input type="checkbox"/> Memo Item                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|  |            |
|--|------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 225.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [ ]        |



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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. BILL.COM**

Mailing Address 1810 EMBARCADERO RD

City PALO ALTO State CA Zip Code 94303

Purpose of Disbursement  
ACCOUNTS PAYABLE SERVICES FEE (NON-CONTRIBUTION)

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.I8474**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES (NON-CONTRIBUTION)

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.I8325**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES (NON-CONTRIBUTION)

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.I8327**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

### A. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES (NON-CONTRIBUTION)

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 07    |   | 2017      |

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.I8329**  
 Amount of Each Disbursement this Period  
 [ ] 5074.16

Memo Item

Full Name (Last, First, Middle Initial)

### B. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES (NON-CONTRIBUTION)

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 07    |   | 2017      |

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.I8331**  
 Amount of Each Disbursement this Period  
 [ ] 5074.17

Memo Item

Full Name (Last, First, Middle Initial)

### C. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES (NON-CONTRIBUTION)

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 05    |   | 2017      |

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.I8333**  
 Amount of Each Disbursement this Period  
 [ ] 1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

|          |
|----------|
| 11648.33 |
| [ ]      |

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**CARLY FOR AMERICA**

**A. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES (NON-CONTRIBUTION)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 07 / 2017

FEC Identification Number: C  
Transaction ID : SB29.18334  
Amount of Each Disbursement this Period: 3574.15

Memo Item

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES (NON-CONTRIBUTION)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 05 / 2017

FEC Identification Number: C  
Transaction ID : SB29.18336  
Amount of Each Disbursement this Period: 5074.13

Memo Item

**C. JAMES CITY COUNTY REPUBLICAN COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2104

City WILLIAMSBURG State VA Zip Code 23187

Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2017

FEC Identification Number: C  
Transaction ID : SB29.18498  
Amount of Each Disbursement this Period: - 500.00  
VOID STALE CHECK

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8148.28

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)  
**CARLY FOR AMERICA**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JOHNSON STRATEGIES LLC</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 05 / 2017   |
| Mailing Address 4612 DUSIK LN   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8238</b><br>Amount of Each Disbursement this Period<br>[ ] 3149.34 |
| City<br>AUSTIN  | State<br>TX  | Zip Code<br>78746  |
| Purpose of Disbursement<br>STRATEGIC CONSULTANT TRAVEL EXPENSES (NON-CONTRIBUTION)  |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. STAFFORD COUNTY REPUBLICAN COMMITTEE</b>                                 |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 30 / 2017   |
| Mailing Address 2108 JEFFERSON DAVIS HWY  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB29.I8497</b><br>Amount of Each Disbursement this Period<br>[ ] - 1000.00<br>VOID STALE CHECK |
| City<br>STAFFORD  | State<br>VA  | Zip Code<br>22554  |
| Purpose of Disbursement<br>NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)  |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>[ ] / [ ] / [ ]                            |
| Mailing Address   |  | FEC Identification Number<br>C [ ]<br>Amount of Each Disbursement this Period<br>[ ] |
| City  | State  | Zip Code   |
| Purpose of Disbursement   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   | <input type="checkbox"/> Memo Item   |  |

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 2149.34

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

[ ] 39840.43