

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CARLY FOR CALIFORNIA INC

Report Covering the Period: From: 01 01 2015 To: 02 13 2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))...	487410.30	487410.30
(b) Total Contribution Refunds (from Line 20(d)) ...	0.00	-2470.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	487410.30	489880.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ...	490603.60	495783.72
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	25.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	490603.60	495758.72
8. Cash on Hand at Close of Reporting Period (from Line 27)...	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

15020105680

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

CARLY FOR CALIFORNIA INC

Report Covering the Period: From: ^{M M} 01 ^{D D} 01 ^{Y Y} 2015 To: ^{M M} 02 ^{D D} 13 ^{Y Y} 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL of contributions from individuals ..	0.00	0.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	0.00	0.00
(d) The Candidate	487410.30	487410.30
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	487410.30	487410.30
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	25.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	487410.30	487435.30

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DETAILED SUMMARY PAGE
of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	490603.60	495783.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ...	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	-2470.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	-2470.00
21. OTHER DISBURSEMENTS	0.00	2470.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	490603.60	495783.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	3193.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	487410.30
25. SUBTOTAL (add Line 23 and Line 24)...	490603.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	490603.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	0.00

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 5 OF 30	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

Full Name (Last, First, Middle Initial) CARLY FIORINA		Date of Receipt 01 12 2015
Mailing Address 1020 BERNARD ST City: ALEXANDRIA State: VA Zip Code: 22314		Transaction ID : SA11D.1
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 487410.30
Name of Employer	Occupation	CANDIDATE DONATION
Receipt For: 2010 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 7276910.30	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City State Zip Code		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City State Zip Code		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional).....		487410.30
TOTAL This Period (last page this line number only).....		487410.30

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

Full Name (Last, First, Middle Initial) A. JEFFREY CORLESS		Date of Disbursement 01 20 2015	
Mailing Address 2382 SUNNINGDALE DR		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.29	
City TUSTIN	State CA		Zip Code 92702
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type		
Candidate Name	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>		
Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			
Full Name (Last, First, Middle Initial) B. RENEE CROCE		Date of Disbursement 01 14 2015	
Mailing Address 214 MAIN ST-SUITE 404		Amount of Each Disbursement this Period 36543.00 Transaction ID : SB17.18	
City EL SEGUNDO	State CA		Zip Code 90245
Purpose of Disbursement FINANCE CONSULTING	Category/ Type		
Candidate Name	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>		
Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			
Full Name (Last, First, Middle Initial) C. ANDREW DAVIS		Date of Disbursement 01 16 2015	
Mailing Address 311 W 5TH ST, #1001		Amount of Each Disbursement this Period 4500.00 Transaction ID : SB17.27	
City AUSTIN	State TX		Zip Code 78701
Purpose of Disbursement RESEARCH CONSULTING	Category/ Type		
Candidate Name	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>		
Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			
SUBTOTAL of Disbursements This Page (optional).....		48543.00	
TOTAL This Period (last page this line number only).....			

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

Full Name (Last, First, Middle Initial) A. JENNIFER KERNS		Date of Disbursement M M D D Y Y 01 14 2015	
Mailing Address 115 B PATRICK ST		Amount of Each Disbursement this Period 5000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.15
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General <input type="checkbox"/> Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) B. EDDIE KOUYOUMDJIAN		Date of Disbursement M M D D Y Y 01 14 2015	
Mailing Address 419 WEST NORTHRIDGE AVE		Amount of Each Disbursement this Period 5000.00	
City GLENDORA	State CA	Zip Code 91741	Transaction ID : SB17.12
Purpose of Disbursement ADVANCE CONSULTING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General <input type="checkbox"/> Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) C. SALVATORE PURPURA		Date of Disbursement M M D D Y Y 01 28 2015	
Mailing Address 6334 PUMPERNICKEL LANE		Amount of Each Disbursement this Period 3625.00	
City MONROE	State NC	Zip Code 28110	Transaction ID : SB17.31
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General <input type="checkbox"/> Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		13625.00	
TOTAL This Period (last page this line number only)			

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

Full Name (Last, First, Middle Initial) A. JOYCE SHUMATE		Date of Disbursement M M Y Y 01 27 2015	
Mailing Address 55 MONTE MAR DR		Amount of Each Disbursement this Period 15000.00	
City SAUSALITO	State CA	Zip Code 94965	Transaction ID : SB17.32
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	
Candidate Name		Vendor Deceased Paid to Spouse Joyce Shumate and Family Trust Account	
Office Sought: House Senate 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. JULIE A SODERLUND		Date of Disbursement M M Y Y 01 16 2015	
Mailing Address RUE BEAU SEJOUR 8B,		Amount of Each Disbursement this Period 3750.00	
City LAUSANNE, SWITZERLAND	State XX	Zip Code 99999	Transaction ID : SB17.25
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	
Candidate Name:		Wilson-Miller Partnership Dissolved--Balance Divided equally and Paid to Julie Soderlund, Marty Wilson and Miller Public Affairs Group	
Office Sought: House Senate 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. JULIE A SODERLUND		Date of Disbursement M M Y Y 01 16 2015	
Mailing Address RUE BEAU SEJOUR 8B,		Amount of Each Disbursement this Period 6833.34	
City LAUSANNE, SWITZERLAND	State XX	Zip Code 99999	Transaction ID : SB17.26
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	
Candidate Name		Wilson-Miller Partnership Dissolved--Balance Divided equally and Paid to Julie Soderlund, Marty Wilson and Miller Public Affairs Group	
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		25583.34	
TOTAL This Period (last page this line number only)			

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

Full Name (Last, First, Middle Initial) A. MARTIN R. WILSON		Date of Disbursement M M Y Y 01 13 2015	
Mailing Address 5080 KEANE DR		Amount of Each Disbursement this Period 60000.00	
City CARMICHAEL	State CA	Zip Code 95608	Transaction ID : SB17.3
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. MARTIN R. WILSON		Date of Disbursement M M Y Y 01 13 2015	
Mailing Address 5080 KEANE DR		Amount of Each Disbursement this Period 6833.33	
City CARMICHAEL	State CA	Zip Code 95608	Transaction ID : SB17.6
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary Other (specify)	Wilson-Miller Partnership Dissolved--Balance Divided equally and Paid to Julie Soderlund, Marty Wilson and Miller Public Affairs Group	
State: District:			

Full Name (Last, First, Middle Initial) C. ARISTEIA GROUP INC		Date of Disbursement M M Y Y 01 14 2015	
Mailing Address 1020 N FAIRFAX ST-SUITE 201		Amount of Each Disbursement this Period 7159.95	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.7
Purpose of Disbursement FINANCE CONSULTING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	73993.28
TOTAL This Period (last page this line number only).....	

15020105687

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 30

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (in Full)
CARLY FOR CALIFORNIA INC

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M Y Y 01 14 2015	
Mailing Address 117 N ST ASAPH ST		Amount of Each Disbursement this Period 4122.89	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.8
Purpose of Disbursement WEB SERVICE		Category/ Type	
Candidate Name		Disbursement For: Primary General Other (specify)	
Office Sought: House Senate President	State: District:		
Full Name (Last, First, Middle Initial) B. CD INC		Date of Disbursement M M Y Y 01 14 2015	
Mailing Address 117 N ST ASAPH ST		Amount of Each Disbursement this Period 9717.65	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.9
Purpose of Disbursement WEB ADS		Category/ Type	
Candidate Name		Disbursement For: Primary General Other (specify)	
Office Sought: House Senate President	State: District:		
Full Name (Last, First, Middle Initial) C. CMDI INC		Date of Disbursement M M Y Y 01 14 2015	
Mailing Address 1593 SPRING HILL RD		Amount of Each Disbursement this Period 30897.75	
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SB17.10
Purpose of Disbursement DATABASE MANAGEMENT		Category/ Type	
Candidate Name		Disbursement For: Primary General Other (specify)	
Office Sought: House Senate President	State: District:		
SUBTOTAL of Disbursements This Page (optional).....		44738.29	
TOTAL This Period (last page this line number only).....			

15020105688

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

Full Name (Last, First, Middle Initial) A. DAVIS GROUP		Date of Disbursement M M Y Y 01 14 2015	
Mailing Address 8475 E PACIFIC COAST HWY STE 419		Amount of Each Disbursement this Period 43156.64	
City LONG BEACH	State CA	Zip Code 90803	Transaction ID : SB17.11
Purpose of Disbursement FINANCE CONSULTING		Category/ Type	
Candidate Name :			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. EMAILDIRECT BILLING SERVICES		Date of Disbursement M M Y Y 01 14 2015	
Mailing Address 2995 PROSPECT PARK DR STE 100		Amount of Each Disbursement this Period 1112.50	
City RANCHO CORDOVA	State CA	Zip Code 95670	Transaction ID : SB17.13
Purpose of Disbursement WEB SERVICE		Category/ Type	
Candidate Name :			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. GOLDMAN SACHS		Date of Disbursement M M Y Y 01 30 2015	
Mailing Address 200 W ST 29TH FL		Amount of Each Disbursement this Period 3.97	
City NEW YORK	State NY	Zip Code 10282	Transaction ID : SB17.35
Purpose of Disbursement BANK FEE		Category/ Type	
Candidate Name :			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	44273.11
TOTAL This Period (last page this line number only).....	

15020105689

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 30

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

Full Name (Last, First, Middle Initial) A. GR SEPPALA & ASSOCIATES		Date of Disbursement M M D D Y Y 01 14 2015	
Mailing Address 1161 E WAYZATA BLVD BOX 210		Amount of Each Disbursement this Period 19997.30	
City WAYZATA State MN Zip Code 55391	Purpose of Disbursement FINANCE CONSULTING	Candidate Name	Category/ Type
Office Sought: House Senate President Disbursement For: Primary General Other (specify)			
State: District:		Transaction ID : SB17.14	
Full Name (Last, First, Middle Initial) B. HAND COMPANY LLC		Date of Disbursement M M D D Y Y 01 23 2015	
Mailing Address 4111 W ALAMEDA AVE STE 412		Amount of Each Disbursement this Period 4800.00	
City BURBANK State CA Zip Code 91505	Purpose of Disbursement STAGING	Candidate Name	Category/ Type
Office Sought: House Senate President Disbursement For: Primary General Other (specify)			
State: District:		Transaction ID : SB17.26	
Full Name (Last, First, Middle Initial) C. HARLAND CLARKE		Date of Disbursement M M D D Y Y 02 04 2015	
Mailing Address 15955 LA CANTERA PKWY		Amount of Each Disbursement this Period 56.25	
City SAN ANTONIO State TX Zip Code 78256	Purpose of Disbursement PRINTING	Candidate Name	Category/ Type
Office Sought: House Senate President Disbursement For: Primary General Other (specify)			
State: District:		Transaction ID : SB17.34	
SUBTOTAL of Disbursements This Page (optional).....		24853.55	
TOTAL This Period (last page this line number only).....		.	

15020105690

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

Full Name (Last, First, Middle Initial) A. HUCKABY DAVIS LISKER		Date of Disbursement M M Y Y 01 13 2015	
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 6806.25	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.1
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. HUCKABY DAVIS LISKER		Date of Disbursement M M Y Y 01 13 2015	
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 500.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.2
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. KRAMER & ASSOCIATES		Date of Disbursement M M Y Y 01 14 2015	
Mailing Address 2222 FRANCISCO DR STE 510-183		Amount of Each Disbursement this Period 6434.00	
City EL DORADO HILLS	State CA	Zip Code 95762	Transaction ID : SB17.16
Purpose of Disbursement FINANCE CONSULTING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	13740.25
TOTAL This Period (last page this line number only).....	

15020105691

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 30

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

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NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

Full Name (Last, First, Middle Initial) A. MARRIOTT GROUP		Date of Disbursement 01 15 2015	
Mailing Address 3413 SADDLEBACK RD		Amount of Each Disbursement this Period 19347.16 Transaction ID : SB17.23	
City PARK CITY	State UT		Zip Code 84098
Purpose of Disbursement FINANCE CONSULTING	Candidate Name		
Candidate Name	Category/ Type		
Office Sought: House Senate President	Disbursement For: Primary Other (specify)	General	
State: District:			
Full Name (Last, First, Middle Initial) B. MERIDIAN PACIFIC INC		Date of Disbursement 01 13 2015	
Mailing Address 925 UNIVERSITY AVE		Amount of Each Disbursement this Period 55657.67 Transaction ID : SB17.4	
City SACRAMENTO	State CA		Zip Code 95825
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/PRINTING/W	Candidate Name		
Candidate Name	Category/ Type		
Office Sought: House Senate President	Disbursement For: Primary Other (specify)	General	
State: District:			
Full Name (Last, First, Middle Initial) C. MICHAEL D. MEYERS CO INC.		Date of Disbursement 01 14 2015	
Mailing Address 1803 42ND AVE E		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB17.17	
City SEATTLE	State WA		Zip Code 98112
Purpose of Disbursement SURVEY RESEARCH	Candidate Name		
Candidate Name	Category/ Type		
Office Sought: House Senate President	Disbursement For: Primary Other (specify)	General	
State: District:			
SUBTOTAL of Disbursements This Page (optional).....		90004.83	
TOTAL This Period (last page this line number only).....			

15020105692

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 30

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

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 CALIFORNIA INC

Full Name (Last, First, Middle Initial) A. MILLER PUBLIC AFFAIRS		Date of Disbursement 01 14 2015
Mailing Address 1415 L ST STE 430		Amount of Each Disbursement this Period 6833.33 Transaction ID : SB17.22
City SACRAMENTO	State CA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Zip Code 95814	Wilson-Miller Partnership Dissolved--Balance Divided equally and Paid to Julie Soderlund, Marty Wils on and Miller Public Affairs Group
Candidate Name	Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary <input type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. POLITICAL DATA INC		Date of Disbursement 01 15 2015
Mailing Address PO BOX 1706		Amount of Each Disbursement this Period 11800.00 Transaction ID : SB17.24
City BURBANK	State CA	
Purpose of Disbursement LIST MANAGEMENT	Zip Code 91507	
Candidate Name	Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary <input type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SHELTER TRUST UNDER JOE SHUMATE 2006 TR		Date of Disbursement 01 27 2015
Mailing Address 55 MONTE MAR DR		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB17.33
City SAUSALITO	State CA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Zip Code 94965	Vendor Deceased Paid to Spouse Joyce Shumate and Family Trust Account
Candidate Name	Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary <input type="checkbox"/> General Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	33833.33
TOTAL This Period (last page this line number only).....	

15020105693

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

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

FOR LINE NUMBER: PAGE 16 OF 30
(check only one)
 17 18 19a 19b
20a 20b 20c 21

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 CALIFORNIA INC

Full Name (Last, First, Middle Initial)
A. SQUIRE PATTON BOGGS

Mailing Address **PO BOX 511269**

City **LOS ANGELES** State **CA** Zip Code **90051**

Purpose of Disbursement **LEGAL 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
01 16 2015

Amount of Each Disbursement this Period
43566.91

Transaction ID : **SB17.30**

Name Change to Squire Patton Boggs

Full Name (Last, First, Middle Initial)
B. STEVEN H GORDON & ASSOCIATES

Mailing Address **507 CAPITOL CRT NE #100**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement **FINANCE 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
01 14 2015

Amount of Each Disbursement this Period
300.00

Transaction ID : **SB17.19**

Full Name (Last, First, Middle Initial)
C. TARRANCE GROUP INC

Mailing Address **201 N UNION ST STE 410**

City **ALEXANDRIA** State **VA** Zip Code **22314**

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
01 14 2015

Amount of Each Disbursement this Period
10
1283.85

Transaction ID : **SB17.20**

SUBTOTAL of Disbursements This Page (optional)..... **54850.76**

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

15020105694

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 30

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

Full Name (Last, First, Middle Initial)

A. VERVE

Mailing Address 925 UNIVERSITY AVE STE V

City State Zip Code
SACRAMENTO CA 95825

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

01 13 2015

Amount of Each Disbursement this Period

15264.86

Transaction ID : SB17.5

Full Name (Last, First, Middle Initial)

B. VOTER/CONSUMER RESEARCH INC.

Mailing Address PO BOX 130607

City State Zip Code
HOUSTON TX 77219

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

01 14 2015

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.21

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... 22764.86

TOTAL This Period (last page this line number only)..... 490603.60

15020105695

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor JEFF CORLESS		Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING	
Mailing Address 2382 SUNNINGDALE DR			
City	State	Zip Code	
TUSTIN	CA	92782	
Outstanding Balance Beginning This Period 7500.00		Transaction ID : SD10.22	
Amount Incurred This Period 0.00	Payment This Period 7500.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RENEE CROCE		Nature of Debt (Purpose): FINANCE CONSULTING	
Mailing Address 214 MAIN ST-SUITE 404			
City	State	Zip Code	
EL SEGUNDO	CA	90245	
Outstanding Balance Beginning This Period 36543.00		Transaction ID : SD10.23	
Amount Incurred This Period 0.00	Payment This Period 36543.00	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ANDREW DAVIS		Nature of Debt (Purpose): RESEARCH CONSULTING	
Mailing Address 311 W 5TH ST, #1001			
City	State	Zip Code	
AUSTIN	TX	78701	
Outstanding Balance Beginning This Period 4500.00		Transaction ID : SD10.24	
Amount Incurred This Period 0.00	Payment This Period 4500.00	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional) ...	▶	0.00
2) TOTALS This Period (last page this line number only) ...	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

15020105696

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 30
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor JENNIFER KERNS	Nature of Debt (Purpose): COMMUNICATIONS CONSULTING
Mailing Address 115 S PATRICK ST	
City ALEXANDRIA State VA Zip Code 22314	

Outstanding Balance Beginning This Period 5000.00	Transaction ID : SD10.25
Amount Incurred This Period 0.00	Payment This Period 5000.00
	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor EDDIE KOUYOUMDJIAN	Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING
Mailing Address 419 W NORTHRIDGE AVE	
City GLENDORA State CA Zip Code 91741	

Outstanding Balance Beginning This Period 5000.00	Transaction ID : SD10.26
Amount Incurred This Period 0.00	Payment This Period 5000.00
	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor JULIE SODERLUND	Nature of Debt (Purpose): COMMUNICATIONS CONSULTING
Mailing Address RUE BEAU SEJOUR 8B,	
City LAUSANNE, SWITZERLAND State XX Zip Code 99999	

Outstanding Balance Beginning This Period 3750.00	Transaction ID : SD10.27
Amount Incurred This Period 0.00	Payment This Period 3750.00
	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional) ...	0.00
2) TOTALS This Period (last page this line number only) ...	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

15020105697

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

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARTIN WILSON	Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING										
Mailing Address 5080 KEANE DR											
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>CARMICHAEL</td> <td>CA</td> <td>95608</td> </tr> </table>	City	State	Zip Code	CARMICHAEL	CA	95608					
City	State	Zip Code									
CARMICHAEL	CA	95608									
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Outstanding Balance Beginning This Period</td> <td style="width: 40%; text-align: right;">Transaction ID : SD10.28</td> </tr> <tr> <td style="text-align: right;">60000.00</td> <td></td> </tr> <tr> <td style="width: 30%;">Amount Incurred This Period</td> <td style="width: 30%;">Payment This Period</td> <td style="width: 40%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td style="text-align: right;">0.00</td> <td style="text-align: right;">60000.00</td> <td style="text-align: right;">0.00</td> </tr> </table>		Outstanding Balance Beginning This Period	Transaction ID : SD10.28	60000.00		Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	0.00	60000.00	0.00
Outstanding Balance Beginning This Period	Transaction ID : SD10.28										
60000.00											
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period									
0.00	60000.00	0.00									

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ARISTEIA GROUP INC	Nature of Debt (Purpose): FINANCE CONSULTING										
Mailing Address 1020 N FAIRFAX ST-SUITE 201											
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314					
City	State	Zip Code									
ALEXANDRIA	VA	22314									
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Outstanding Balance Beginning This Period</td> <td style="width: 40%; text-align: right;">Transaction ID : SD10.1</td> </tr> <tr> <td style="text-align: right;">7159.95</td> <td></td> </tr> <tr> <td style="width: 30%;">Amount Incurred This Period</td> <td style="width: 30%;">Payment This Period</td> <td style="width: 40%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td style="text-align: right;">0.00</td> <td style="text-align: right;">7159.95</td> <td style="text-align: right;">0.00</td> </tr> </table>		Outstanding Balance Beginning This Period	Transaction ID : SD10.1	7159.95		Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	0.00	7159.95	0.00
Outstanding Balance Beginning This Period	Transaction ID : SD10.1										
7159.95											
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period									
0.00	7159.95	0.00									

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN SOLUTIONS	Nature of Debt (Purpose): WEB SERVICE										
Mailing Address 117 N ST ASAPH ST											
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	ALEXANDRIA	VA	22314					
City	State	Zip Code									
ALEXANDRIA	VA	22314									
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Outstanding Balance Beginning This Period</td> <td style="width: 40%; text-align: right;">Transaction ID : SD10.2</td> </tr> <tr> <td style="text-align: right;">4122.89</td> <td></td> </tr> <tr> <td style="width: 30%;">Amount Incurred This Period</td> <td style="width: 30%;">Payment This Period</td> <td style="width: 40%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td style="text-align: right;">0.00</td> <td style="text-align: right;">4122.89</td> <td style="text-align: right;">0.00</td> </tr> </table>		Outstanding Balance Beginning This Period	Transaction ID : SD10.2	4122.89		Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	0.00	4122.89	0.00
Outstanding Balance Beginning This Period	Transaction ID : SD10.2										
4122.89											
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period									
0.00	4122.89	0.00									

1) SUBTOTALS This Period This Page (optional) ...	0.00
2) TOTALS This Period (last page this line number only) ...	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

15020105698

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

(Use separate schedule(s) for each numbered line) PAGE 21 OF 30
 FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CD INC		Nature of Debt (Purpose): WEB SERVICE	
Mailing Address 117 N ST ASAPH ST			
City	State	Zip Code	
ALEXANDRIA	VA	22314	
Outstanding Balance Beginning This Period 9717.65		Transaction ID : SD10.3	
Amount Incurred This Period 0.00	Payment This Period 9717.65	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CMDI		Nature of Debt (Purpose): DATA ENTRY SVC	
Mailing Address 1593 SPRING HILL RD			
City	State	Zip Code	
TYSONS CORNER	VA	22182	
Outstanding Balance Beginning This Period 30897.75		Transaction ID : SD10.4	
Amount Incurred This Period 0.00	Payment This Period 30897.75	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVIS GROUP		Nature of Debt (Purpose): FINANCE CONSULTING	
Mailing Address 6475 E PACIFIC COAST HWY STE 419			
City	State	Zip Code	
LONG BEACH	CA	90803	
Outstanding Balance Beginning This Period 43156.64		Transaction ID : SD10.5	
Amount Incurred This Period 0.00	Payment This Period 43156.64	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional) ...	0.00
2) TOTALS This Period (last page this line number only) ...	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

15020105699

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EMAIL DIRECT BILLING SERVICES		Nature of Debt (Purpose): WEB SERVICE	
Mailing Address 2995 PROSPECT PARK DR			
City	State	Zip Code	
RANCHO CORDOVA	CA	95670	
Outstanding Balance Beginning This Period 1112.50		Transaction ID : SD10.6	
Amount Incurred This Period 0.00	Payment This Period 1112.50	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor GR SEPPALA & ASSOCIATES LLC		Nature of Debt (Purpose): FINANCE CONSULTING	
Mailing Address 1161 E WAYZATA BLVD BOX 210			
City	State	Zip Code	
WAYZATA	MN	55391	
Outstanding Balance Beginning This Period 19997.30		Transaction ID : SD10.7	
Amount Incurred This Period 0.00	Payment This Period 19997.30	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HAND COMPANY		Nature of Debt (Purpose): STAGING	
Mailing Address 4111 W ALAMEDA AVE STE 412			
City	State	Zip Code	
BURBANK	CA	91505	
Outstanding Balance Beginning This Period 4800.00		Transaction ID : SD10.8	
Amount Incurred This Period 0.00	Payment This Period 4800.00	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional)...	▶	0.00
2) TOTALS This Period (last page this line number only)...	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		

15020105700

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HUCKABY DAVIS LISKER

Nature of Debt (Purpose):

COMPLIANCE CONSULTING

Mailing Address 228 S WASHINGTON ST STE 115

City State

Zip Code

ALEXANDRIA

VA

22314

Outstanding Balance Beginning This Period

6806.25

Transaction ID : SD10.9

Amount Incurred This Period

500.00

Payment This Period

7306.25

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

JOE SHUMATE & ASSOCIATES INC

Nature of Debt (Purpose):

POLITICAL STRATEGY CONSULTING

Mailing Address 55 MONTE MAR DR

City State

Zip Code

SAUSALITO

CA

94965

Outstanding Balance Beginning This Period

30000.00

Transaction ID : SD10.10

Amount Incurred This Period

0.00

Payment This Period

30000.00

Outstanding Balance at Close of This Period

0.00

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

KRAMER & ASSOCIATES

Nature of Debt (Purpose):

FINANCE CONSULTING

Mailing Address 2222 FRANCISCO DR STE 510-183

City

State

Zip Code

EL DORADO HILLS

CA

95762

Outstanding Balance Beginning This Period

6434.00

Transaction ID : SD10.11

Amount Incurred This Period

0.00

Payment This Period

6434.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)...

0.00

2) TOTALS This Period (last page this line number only)...

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

15020105701

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SD10
Transaction ID : SD10.10

Vendor Deceased Paid to Spouse Joyce Shumate and Family Trust Account

Form/Schedule:
Transaction ID:

15020105702

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARRIOTT GROUP	Nature of Debt (Purpose): FINANCE CONSULTING
Mailing Address 3413 SADDLEBACK RD	
City State Zip Code PARK CITY UT 84098	

Outstanding Balance Beginning This Period 19347.16	Transaction ID : SD10.12
Amount Incurred This Period 0.00	Payment This Period 19347.16
	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MERIDIAN PACIFIC INC	Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING/PRINTING/W
Mailing Address 925 UNIVERSITY AVE	
City State Zip Code SACRAMENTO CA 95825	

Outstanding Balance Beginning This Period 55657.67	Transaction ID : SD10.13
Amount Incurred This Period 0.00	Payment This Period 55657.67
	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MICHAEL D MEYERS CO INC.	Nature of Debt (Purpose): SURVEY RESEARCH
Mailing Address 1803 42ND AVE E	
City State Zip Code SEATTLE WA 98112	

Outstanding Balance Beginning This Period 15000.00	Transaction ID : SD10.14
Amount Incurred This Period 0.00	Payment This Period 15000.00
	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional) ...	0.00
2) TOTALS This Period (last page this line number only) ...	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

15020105703

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 30
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PATTON BOGGS	Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 2550 M ST NW	
City WASHINGTON State DC Zip Code 20037	

Outstanding Balance Beginning This Period 43566.91	Transaction ID : SD10.15
Amount Incurred This Period 0.00	Payment This Period 43566.91
	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor POLITICAL DATA	Nature of Debt (Purpose): LIST MANAGEMENT
Mailing Address PO BOX 1706	
City BURBANK State CA Zip Code 91507	

Outstanding Balance Beginning This Period 11800.00	Transaction ID : SD10.16
Amount Incurred This Period 0.00	Payment This Period 11800.00
	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor STEVE H GORDON & ASSOCIATES	Nature of Debt (Purpose): FINANCE CONSULTING
Mailing Address 507 CAPITOL CT	
City WASHINGTON State DC Zip Code 20092	

Outstanding Balance Beginning This Period 10000.00	Transaction ID : SD10.17
Amount Incurred This Period 0.00	Payment This Period 10000.00
	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional) ...	▶	0.00
2) TOTALS This Period (last page this line number only) ...	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

15020105704

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SD10
Transaction ID : SD10.15

Name Change to Squire Patton Boggs

Form/Schedule:
Transaction ID:

15020105705

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TARRANCE GROUP		Nature of Debt (Purpose): SURVEY RESEARCH
Mailing Address 201 N UNION		
City State ALEXANDRIA VA	Zip Code 22314	

Outstanding Balance Beginning This Period 1283.85	Transaction ID : SD10.18
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 0.00
Payment This Period 1283.85	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VERVE		Nature of Debt (Purpose): WEB SERVICE
Mailing Address 925 UNIVERSITY AVE STE V		
City State SACRAMENTO CA	Zip Code 95825	

Outstanding Balance Beginning This Period 15264.86	Transaction ID : SD10.19
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 0.00
Payment This Period 15264.86	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VOTER CONSUMER RESEARCH		Nature of Debt (Purpose): SURVEY RESEARCH
Mailing Address PO BOX 130607		
City State HOUSTON TX	Zip Code 77219	

Outstanding Balance Beginning This Period 7500.00	Transaction ID : SD10.20
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 0.00
Payment This Period 7500.00	

1) SUBTOTALS This Period This Page (optional) ...	0.00
2) TOTALS This Period (last page this line number only) ...	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

15020105706

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WILSON-MILLER COMMUNICATIONS INC		Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING
Mailing Address 1415 L ST STE 430		
City SACRAMENTO	State CA	Zip Code 95814
Outstanding Balance Beginning This Period 20500.00		Transaction ID : SD10.21
Amount Incurred This Period 0.00	Payment This Period 20500.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ...	▶	0.00
2) TOTALS This Period (last page this line number only) ...	▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		

15020105707

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SD10

Transaction ID: SD10.21

Partnership Dissolved--Balance Divided equally and Paid to Julie Soderlund, Marty Wilson and Miller Public Affairs Group

Form/Schedule:

Transaction ID:

15020105708

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

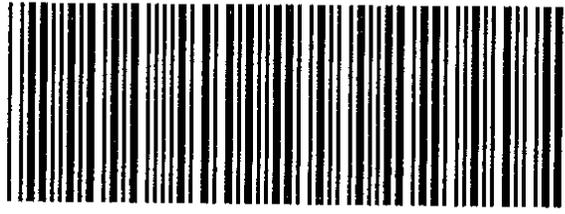
POSTMARK ILLEGIBLE POSTMARK

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Date of Receipt

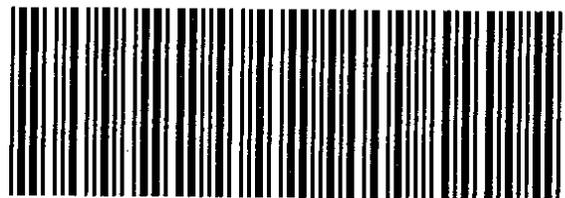
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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 2-18-15

15020105709



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