



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**Geraldine Thompson for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	40051.40	75812.02
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	40051.40	75812.02
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	34860.01	50879.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	34860.01	50879.33
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	90932.69	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	66000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Geraldine Thompson for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25252.90	51409.86
(ii) Unitemized.....	9798.50	15153.50
(iii) TOTAL of contributions from individuals ▶	35051.40	66563.36
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) The Candidate.....	0.00	4248.66
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	40051.40	75812.02
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	66000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	66000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	40051.40	141812.02

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	34860.01	50879.33
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	34860.01	50879.33

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	85741.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	40051.40
25. SUBTOTAL (add Line 23 and Line 24).....	125792.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34860.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	90932.69

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

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

Mailing Address 2318 Westminster Ter

City Oviedo State FL Zip Code 32765-7500

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

Name of Employer self employed Occupation INSURANCE AGENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt **02 / 06 / 2016**

**Transaction ID : VR0SYFF1W40**

Amount of Each Receipt this Period **250.00**

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10145.00**

Date of Receipt **02 / 07 / 2016**

**Transaction ID : VR0SYFF1W40E**

Amount of Each Receipt this Period **250.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 227 Rippling Ln

City Winter Park State FL Zip Code 32789-2841

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

Name of Employer Investment Banker Occupation Jefferies LLC

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 31 / 2016**

**Transaction ID : VR0SYGHCJ80**

Amount of Each Receipt this Period **500.00**

Memo Item

\* Earmarked Contribution: See Below

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

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

**750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10145.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : VR0SYGHCJ80E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 1779 Vineyard Way

City Tallahassee State FL Zip Code 32317-7915

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

Name of Employer Occupation  
State of Florida Commissioner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

**Transaction ID : VR0SYFPJ431**

Amount of Each Receipt this Period  
250.00

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10145.00

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

**Transaction ID : VR0SYFPJ431E**

Amount of Each Receipt this Period  
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

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

Mailing Address 999 NW Zack Dr

City State Zip Code  
Lake City FL 32055-8973

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : VR0SYGHCK41**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address PO Box 756

City State Zip Code  
Gotha FL 34734-0756

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

Name of Employer Occupation  
Not employed Not employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1009.86

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 22 / 2016

**Transaction ID : VR0SYFF1WD1**

Amount of Each Receipt this Period  
2.90

Memo Item

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

Mailing Address PO Box 10223

City State Zip Code  
Tallahassee FL 32302-2223

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

Name of Employer Occupation  
State of Florida AGENCY DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2016

**Transaction ID : VR0SYFG8V03**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1002.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

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

Mailing Address 201 Chase Ave

City Winter Park State FL Zip Code 32789-4444

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

Name of Employer ABC Liquor Occupation Chief Financial Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

**Transaction ID : VR0SYFG8W53**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 491 Coconut Palm Ter

City Plantation State FL Zip Code 33324-8215

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

Name of Employer Ronald L. Book, PA Occupation LAW

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2016

**Transaction ID : VR0SYFHEA63**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 3027 Porto Lago Ct

City Windermere State FL Zip Code 34786-8306

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

Name of Employer Roniece Weaver & Associates Inc. Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2016

**Transaction ID : VR0SYFF1WC3**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

5900.00

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

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

FOR LINE NUMBER: PAGE 9 OF 51  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

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

Mailing Address 2840 W Bay Dr  
Ste 220

City Belleair Bluffs State FL Zip Code 33770-2620

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

Name of Employer Technology Brokers & Advisors Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VR0SYFF1W24**

Amount of Each Receipt this Period  
500.00

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10145.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2016

**Transaction ID : VR0SYFF1W24E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 4722 Alhama St

City Orlando State FL Zip Code 32811-5509

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VR0SYFG8WE4**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

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

Mailing Address **PO Box 730145**

City **Ormond Beach** State **FL** Zip Code **32173-0145**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2016**

**Transaction ID : VR0SYFNF4P4**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Salesia Smith-Gordon**

Mailing Address **4823 Berkley Mews**

City **Haverhill** State **FL** Zip Code **33415-1334**

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

Name of Employer **Salesia Smith-Gordon PA** Occupation **Lawyer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2016**

**Transaction ID : VR0SYFPJ6V4**

Amount of Each Receipt this Period  
**250.00**

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address **366 Summer St**

City **Somerville** State **MA** Zip Code **02144-3132**

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

Name of Employer Occupation **Conduit total listed in Agg. field**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10145.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2016**

**Transaction ID : VR0SYFPJ6V4E**

Amount of Each Receipt this Period  
**250.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

**500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

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

Mailing Address 19473 SW 55th St

City Miramar State FL Zip Code 33029-6277

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

Name of Employer Full Sail University Occupation Faculty

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : VR0SYFNF4V4**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 1415 W Robinson St

City Orlando State FL Zip Code 32805-1701

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

Name of Employer Life Insurance Settlement Association Occupation LIFE INSURANCE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : VR0SYGHCK25**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Michael J. Snure**

Mailing Address 425 W New England Ave Ste 200

City Winter Park State FL Zip Code 32789-4228

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

Name of Employer Snure & Ponall, P.A. Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VR0SYFNF545**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

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

Mailing Address 491 Coconut Palm Ter

City Plantation State FL Zip Code 33324-8215

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

Name of Employer Ronald L. Book, PA Occupation LAW

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 25 / 2016**

**Transaction ID : VR0SYFHEA55**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

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

Mailing Address 2394 Copperhill Loop

City Ocoee State FL Zip Code 34761-5650

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

Name of Employer Law Offices of Angela G. Ferguson P.A. Occupation attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : VR0SYGHCJA5**

Amount of Each Receipt this Period  
**200.00**

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10145.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : VR0SYGHCJA5E**

Amount of Each Receipt this Period  
**200.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

**2900.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Avis Monica Riley**

Mailing Address 4519 Lake Calabay Dr

City Orlando State FL Zip Code 32837-5470

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

Name of Employer Finance at Tupperware Occupation Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2016

**Transaction ID : VR0SYFF1WB5**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 807 1st St N  
Unit 401

City Jacksonville Beach State FL Zip Code 32250-7119

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

Name of Employer Akerman LLP Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VR0SYGHCJF5**

Amount of Each Receipt this Period  
500.00

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10145.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2016

**Transaction ID : VR0SYGHCJF5E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

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

Mailing Address 1825 Country Club Dr

City Tallahassee State FL Zip Code 32301-5618

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

Name of Employer AIDS Healthcare Foundation Occupation Director Legislative Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : VR0SYGHCJ06**

Amount of Each Receipt this Period  
**500.00**

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10145.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : VR0SYGHCJ06E**

Amount of Each Receipt this Period  
**500.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 1 Financial Plz  
FI 7

City Fort Lauderdale State FL Zip Code 33394-0015

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

Name of Employer Haliczzer Pettis & Schwamm, P.A. Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : VR0SYG81526**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**1000.00**

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 15 OF 51

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)  
**Geraldine Thompson for Congress**

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

Mailing Address Critton Luttier and Coleman

City State Zip Code  
 West Palm Beach FL 33401

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

Name of Employer Occupation  
 Critton Luttier and Coleman Partner/Shareholder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 31 2016

**Transaction ID : VR0SYGHCKB6**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address PO Box 15255

City State Zip Code  
 Tallahassee FL 32317-5255

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

Name of Employer Occupation  
 Florida Bankers Association Director of Communications

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 25 2016

**Transaction ID : VR0SYFHAE6**

Amount of Each Receipt this Period  
 100.00

Memo Item

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

Mailing Address 136 Grande Villa Dr

City State Zip Code  
 Lutz FL 33548-7200

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

Name of Employer Occupation  
 Kid's Community College Marketing

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

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

**Transaction ID : VR0SYFPJ4E6**

Amount of Each Receipt this Period  
 250.00

Memo Item

\* Earmarked Contribution: See Below

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10145.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2016

**Transaction ID : VR0SYFPJ4E6E**

Amount of Each Receipt this Period  
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 9672 Camberley Cir

City Orlando State FL Zip Code 32836-5754

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

Name of Employer Occupation Dentist

Heartland

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VR0SYFPJ6T6**

Amount of Each Receipt this Period  
250.00

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10145.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2016

**Transaction ID : VR0SYFPJ6T6E**

Amount of Each Receipt this Period  
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES E. BAILES III**

Mailing Address 833 Seville Pl

City Orlando State FL Zip Code 32804-7226

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

Name of Employer ABC Fine Wine and Spirits Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

**Transaction ID : VR0SYFG8W37**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 807 1st St N  
Unit 401

City Jacksonville Beach State FL Zip Code 32250-7119

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

Name of Employer Akerman LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VR0SYGHCJE7**

Amount of Each Receipt this Period  
500.00

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10145.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2016

**Transaction ID : VR0SYGHCJE7E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 18 OF 51  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT L. BURNS**

Mailing Address 751 Dommerich Dr

City State Zip Code  
Maitland FL 32751-4506

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

Name of Employer Occupation  
RL Burns Inc. President/CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : VR0SYFG8YF7**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 1510 Escadrille Dr

City State Zip Code  
Tallahassee FL 32308-4786

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

Name of Employer Occupation  
Strategic Management CONSULTANT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016

**Transaction ID : VR0SYFF1WW7**

Amount of Each Receipt this Period  
 200.00

Memo Item

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

Mailing Address PO Box 2096

City State Zip Code  
Windermere FL 34786-2096

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

Name of Employer Occupation  
Retired ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VR0SYG81518**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

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

Mailing Address 140 Lake Destiny Trl

City Altamonte Springs State FL Zip Code 32714-3455

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

Name of Employer Carlton Fields Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

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

**Transaction ID : VR0SYGHCJ48**

Amount of Each Receipt this Period  
**350.00**

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10145.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : VR0SYGHCJ48E**

Amount of Each Receipt this Period  
**350.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 450 S Orange Ave Ste 500

City Orlando State FL Zip Code 32801-3370

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

Name of Employer Carlton Fields Jorden Burt P.A. Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : VR0SYG81568**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

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

**600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

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

Mailing Address 7749 Debeaubien Dr

City Orlando State FL Zip Code 32835-8128

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

Name of Employer Orange County Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2016

**Transaction ID : VR0SYFG7SK8**

Amount of Each Receipt this Period  
250.00

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10145.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2016

**Transaction ID : VR0SYFG7SK8E**

Amount of Each Receipt this Period  
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Justine F Postal**

Mailing Address 609 Piedmont Rd

City West Palm Beach State FL Zip Code 33405-1534

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2016

**Transaction ID : VR0SYFPJ3V8**

Amount of Each Receipt this Period  
250.00

Memo Item

\* Earmarked Contribution: See Below

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10145.00

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

**Transaction ID : VR0SYFPJ3V8E**

Amount of Each Receipt this Period  
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 6987 Sylvan Woods Dr

City Sanford State FL Zip Code 32771-6435

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

Name of Employer Occupation  
AISG BUSINESS EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : VR0SYFG7T19**

Amount of Each Receipt this Period  
250.00

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10145.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2016

**Transaction ID : VR0SYFG7T19E**

Amount of Each Receipt this Period  
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Larry M. Roth**

Mailing Address **PO Box 1873**

City **Orlando** State **FL** Zip Code **32802-1873**

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

Name of Employer **Rumberger, Kirk & Caldwell** Occupation **Partner and Shareholder**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1100.00**

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

**Transaction ID : VR0SYG81449**

Amount of Each Receipt this Period  
**1100.00**

Memo Item

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

Mailing Address **PO Box 903**

City **Fort Lauderdale** State **FL** Zip Code **33302-0903**

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

Name of Employer **Self** Occupation **Lawyer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 10 / 2016**

**Transaction ID : VR0SYFF1W99**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address **560 Ivanhoe Plz**

City **Orlando** State **FL** Zip Code **32804-6332**

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

Name of Employer **Mears Transportation** Occupation **Executive**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

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

**Transaction ID : VR0SYEX0YV9**

Amount of Each Receipt this Period  
**500.00**

Memo Item

\* Earmarked Contribution: See Below

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

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

**1850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10145.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 17 / 2016

**Transaction ID : VR0SYEX0YV9E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

0.00

25252.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Geraldine Thompson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**International Association of Fire Fighters**

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-5305

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

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

**Transaction ID : VR0SYG815X0**

Amount of Each Receipt this Period  
 5000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

5000.00

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Yellow Cab Company of D.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016	
Mailing Address 1636 Bladensburg Rd NE			Amount of Each Disbursement this Period 12.94	
City Washington	State DC	Zip Code 20002-1804	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Taxi		Category/ Type 002	Transaction ID : VQZTPA7DQ00	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Jacob Redfern</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016	
Mailing Address 935 Craig St			Amount of Each Disbursement this Period 84.04	
City McKeesport	State PA	Zip Code 15132-1827	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Reimbursement		Category/ Type 001	Transaction ID : VQZTPA7DV30	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Jacob Redfern</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016	
Mailing Address 935 Craig St			Amount of Each Disbursement this Period 58.97	
City McKeesport	State PA	Zip Code 15132-1827	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Reimbursement		Category/ Type	Transaction ID : VQZTPA7DV80	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	155.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Yellow Cab Company of D.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016	
Mailing Address 1636 Bladensburg Rd NE			Amount of Each Disbursement this Period 7.20	
City Washington	State DC	Zip Code 20002-1804	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Taxi		Category/ Type 002	Transaction ID : VQZTPA7DP80	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Yellow Cab Company of D.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016	
Mailing Address 1636 Bladensburg Rd NE			Amount of Each Disbursement this Period 10.09	
City Washington	State DC	Zip Code 20002-1804	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Taxi		Category/ Type 002	Transaction ID : VQZTPA7DNG0	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Jasmyne Henderson</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016	
Mailing Address 1117 Copper Creek Ct			Amount of Each Disbursement this Period 267.00	
City Tallahassee	State FL	Zip Code 32311-4089	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Emails		Category/ Type 001	Transaction ID : VQZTPA7DTN0	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	284.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACT BLUE</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2016
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 46.42
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Credit Card Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : VQZTPA834Q0</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jacob Redfern</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 935 Craig St		Amount of Each Disbursement this Period 1750.00
City McKeesport	State PA	
Zip Code 15132-1827	Purpose of Disbursement Payroll	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : VQZTPA637S0</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ACT BLUE</b>		Date of Disbursement MM / DD / YYYY 01 / 10 / 2016
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 8.90
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Credit Card Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : VQZTPA834W0</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1805.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2016</b>
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period <b>1650.00</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Database Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type <b>001</b>	<b>Transaction ID : VQZTPA7DHZ0</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 09 / 2016</b>
Mailing Address 7174 W Colonial Dr		Amount of Each Disbursement this Period <b>683.81</b>
City Orlando State FL Zip Code 32818-6751	Purpose of Disbursement Office Supplies Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type <b>001</b>	<b>Transaction ID : VQZTPA7DJ31</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Yellow Cab Company of D.C.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 16 / 2016</b>
Mailing Address 1636 Bladensburg Rd NE		Amount of Each Disbursement this Period <b>10.65</b>
City Washington State DC Zip Code 20002-1804	Purpose of Disbursement Taxi Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type <b>002</b>	<b>Transaction ID : VQZTPA7DQ41</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2344.46</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Yellow Cab Company of D.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016	
Mailing Address 1636 Bladensburg Rd NE			Amount of Each Disbursement this Period 6.95	
City Washington	State DC	Zip Code 20002-1804	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Taxi		Category/ Type 002	<b>Transaction ID : VQZTPA7DN61</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Matthew Mascoe</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016	
Mailing Address 8831 Elliotts Ct			Amount of Each Disbursement this Period 400.00	
City Orlando	State FL	Zip Code 32836-5028	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Payroll		Category/ Type 001	<b>Transaction ID : VQZTPA7DHG1</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACT BLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2016	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 1.98	
City Somerville	State MA	Zip Code 02144-3132	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	<b>Transaction ID : VQZTPA834J1</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	408.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bright House Networks</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2016
Mailing Address PO Box 30574		Amount of Each Disbursement this Period 333.52
City Tampa	State FL Zip Code 33630-3574	
Purpose of Disbursement Phone/Internet Service	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA7DJP1</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Yellow Cab Company of D.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 1636 Bladensburg Rd NE		Amount of Each Disbursement this Period 19.90
City Washington	State DC Zip Code 20002-1804	
Purpose of Disbursement Taxi	Category/Type 002	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA7DPP1</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 15155 W Colonial Dr		Amount of Each Disbursement this Period 45.80
City Winter Garden	State FL Zip Code 34787-4272	
Purpose of Disbursement Postage	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA7DMR1</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	399.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jasmyne Henderson</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2016
Mailing Address 1117 Copper Creek Ct		Amount of Each Disbursement this Period 119.00 <input type="checkbox"/> Memo Item
City Tallahassee	State FL	
Zip Code 32311-4089	Purpose of Disbursement Emails	Transaction ID : VQZTPA7DTS1
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Renaissance Downtown Washington, D.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 999 9th St NW		Amount of Each Disbursement this Period 517.54 <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20001-4427	Purpose of Disbursement Hotel	Transaction ID : VQZTPA7DJV1
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bliss L. Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address PO Box 756		Amount of Each Disbursement this Period 114.84 <input type="checkbox"/> Memo Item
City Gotha	State FL	
Zip Code 34734-0756	Purpose of Disbursement Reimbursement - Office Depot	Transaction ID : VQZTPA7DTY1
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	751.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 7174 W Colonial Dr		Amount of Each Disbursement this Period 114.84
City Orlando	State FL Zip Code 32818-6751	
Purpose of Disbursement Office Supplies	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VQZTPA7DTX3 *
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Jacob Redfern</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 935 Craig St		Amount of Each Disbursement this Period 1750.00
City McKeesport	State PA Zip Code 15132-1827	
Purpose of Disbursement Payroll	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VQZTPA7DH72
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. United States Post Office</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2016
Mailing Address 15155 W Colonial Dr		Amount of Each Disbursement this Period 98.00
City Winter Garden	State FL Zip Code 34787-4272	
Purpose of Disbursement Stamps	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VQZTPA7DMA2
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1848.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jacob Redfern</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 15 / 2016</b>
Mailing Address <b>935 Craig St</b>		Amount of Each Disbursement this Period <b>1750.00</b> <input type="checkbox"/> Memo Item
City <b>McKeesport</b> State <b>PA</b> Zip Code <b>15132-1827</b>	Purpose of Disbursement <b>Payroll</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA7DHB2</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ACT BLUE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 14 / 2016</b>
Mailing Address <b>366 Summer St</b>		Amount of Each Disbursement this Period <b>32.61</b> <input type="checkbox"/> Memo Item
City <b>Somerville</b> State <b>MA</b> Zip Code <b>02144-3132</b>	Purpose of Disbursement <b>Credit Card Fee</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA834P2</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Christensen &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 12 / 2016</b>
Mailing Address <b>322 A St SE Apt 2</b>		Amount of Each Disbursement this Period <b>7500.00</b> <input type="checkbox"/> Memo Item
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-3801</b>	Purpose of Disbursement <b>Finance Consulting</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA7DHS2</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>9282.61</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Yellow Cab Company of D.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016	
Mailing Address 1636 Bladensburg Rd NE			Amount of Each Disbursement this Period 16.30	
City Washington	State DC	Zip Code 20002-1804	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Taxi		Category/ Type 002	Transaction ID : VQZTPA7DPT2	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. ACT BLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2016	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 27.65	
City Somerville	State MA	Zip Code 02144-3132	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Transaction ID : VQZTPA834V2	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. NGP VAN Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2016	
Mailing Address 1101 15th St NW Ste 500			Amount of Each Disbursement this Period 1650.00	
City Washington	State DC	Zip Code 20005-5006	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Database		Category/ Type 001	Transaction ID : VQZTPA7DHY2	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1693.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Finline Printing and Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 09 / 2016</b>
Mailing Address <b>544 W Fairbanks Ave # C-1</b>		Amount of Each Disbursement this Period <b>117.15</b>
City <b>Winter Park</b> State <b>FL</b> Zip Code <b>32789-5086</b>	Purpose of Disbursement <b>Printing</b> Category/Type <b>001</b>	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA7DM03</b>
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Yellow Cab Company of D.C.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 15 / 2016</b>
Mailing Address <b>1636 Bladensburg Rd NE</b>		Amount of Each Disbursement this Period <b>12.52</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20002-1804</b>	Purpose of Disbursement <b>Taxi</b> Category/Type <b>002</b>	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA7DP23</b>
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 02 / 2016</b>
Mailing Address <b>3065 Daniels Rd</b>		Amount of Each Disbursement this Period <b>302.20</b>
City <b>Winter Garden</b> State <b>FL</b> Zip Code <b>34787-7002</b>	Purpose of Disbursement <b>Office Supplies</b> Category/Type <b>001</b>	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA7DJ73</b>
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>431.87</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Christensen &amp; Associates, Inc.</b>			Date of Disbursement MM / DD / YYYY 02 / 10 / 2016	
Mailing Address 322 A St SE Apt 2			Amount of Each Disbursement this Period 723.19	
City Washington	State DC	Zip Code 20003-3801	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Consultant		Category/ Type 003	Transaction ID : VQZTPA7DTB3	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Matthew Mascoc</b>			Date of Disbursement MM / DD / YYYY 02 / 29 / 2016	
Mailing Address 8831 Elliotts Ct			Amount of Each Disbursement this Period 400.00	
City Orlando	State FL	Zip Code 32836-5028	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : VQZTPA7DHF3	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACT BLUE</b>			Date of Disbursement MM / DD / YYYY 03 / 20 / 2016	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 21.15	
City Somerville	State MA	Zip Code 02144-3132	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Fee		Category/ Type 001	Transaction ID : VQZTPA834H3	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1144.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2016</b>	
Mailing Address <b>P.O. Box 36647-1CR</b>			Amount of Each Disbursement this Period <b>83.99</b>	
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75235</b>	Memo Item <input type="checkbox"/>	
Purpose of Disbursement <b>DC Trip</b>		Category/ Type <b>002</b>		
Candidate Name			<b>Transaction ID : VQZTPA7DK34</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Jacob Redfern</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 29 / 2016</b>	
Mailing Address <b>935 Craig St</b>			Amount of Each Disbursement this Period <b>1750.00</b>	
City <b>McKeesport</b>	State <b>PA</b>	Zip Code <b>15132-1827</b>	Memo Item <input type="checkbox"/>	
Purpose of Disbursement <b>Payroll</b>		Category/ Type <b>001</b>		
Candidate Name			<b>Transaction ID : VQZTPA7DHA4</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. ACT BLUE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 21 / 2016</b>	
Mailing Address <b>366 Summer St</b>			Amount of Each Disbursement this Period <b>25.68</b>	
City <b>Somerville</b>	State <b>MA</b>	Zip Code <b>02144-3132</b>	Memo Item <input type="checkbox"/>	
Purpose of Disbursement <b>Credit Card Fee</b>		Category/ Type <b>001</b>		
Candidate Name			<b>Transaction ID : VQZTPA834N4</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1859.67</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jacob Redfern</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016	
Mailing Address 935 Craig St			Amount of Each Disbursement this Period 1750.00	
City McKeesport	State PA	Zip Code 15132-1827	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Payroll		Category/ Type 001		
Candidate Name			<b>Transaction ID : VQZTPA637Q4</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Jasmyne Henderson</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016	
Mailing Address 1117 Copper Creek Ct			Amount of Each Disbursement this Period 119.00	
City Tallahassee	State FL	Zip Code 32311-4089	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Emails		Category/ Type 001		
Candidate Name			<b>Transaction ID : VQZTPA7DTR4</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Yellow Cab Company of D.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016	
Mailing Address 1636 Bladensburg Rd NE			Amount of Each Disbursement this Period 11.98	
City Washington	State DC	Zip Code 20002-1804	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Taxi		Category/ Type 002		
Candidate Name			<b>Transaction ID : VQZTPA7DNR4</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1880.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 51	
	<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)  
**Geraldine Thompson for Congress**

**A. ACT BLUE**

Full Name (Last, First, Middle Initial)  
Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement Credit Card Fee Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement 01 / 24 / 2016

Amount of Each Disbursement this Period 3.96

Memo Item

**Transaction ID : VQZTPA834T4**

**B. Yellow Cab Company of D.C.**

Full Name (Last, First, Middle Initial)  
Mailing Address 1636 Bladensburg Rd NE

City Washington State DC Zip Code 20002-1804

Purpose of Disbursement Taxi Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement 03 / 18 / 2016

Amount of Each Disbursement this Period 14.49

Memo Item

**Transaction ID : VQZTPA7DPY4**

**c. Yellow Cab Company of D.C.**

Full Name (Last, First, Middle Initial)  
Mailing Address 1636 Bladensburg Rd NE

City Washington State DC Zip Code 20002-1804

Purpose of Disbursement Taxi Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement 03 / 16 / 2016

Amount of Each Disbursement this Period 11.69

Memo Item

**Transaction ID : VQZTPA7DQ25**

**SUBTOTAL** of Disbursements This Page (optional) ..... 30.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Christensen &amp; Associates, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016	
Mailing Address 322 A St SE Apt 2			Amount of Each Disbursement this Period 1858.00	
City Washington	State DC	Zip Code 20003-3801	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Consulting		Category/ Type 003		
Candidate Name			Transaction ID : VQZTPA7DT55	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Staples, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016	
Mailing Address 3065 Daniels Rd			Amount of Each Disbursement this Period 585.70	
City Winter Garden	State FL	Zip Code 34787-7002	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Office Supplies		Category/ Type 001		
Candidate Name			Transaction ID : VQZTPA7DJ65	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>c. Yellow Cab Company of D.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016	
Mailing Address 1636 Bladensburg Rd NE			Amount of Each Disbursement this Period 10.09	
City Washington	State DC	Zip Code 20002-1804	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Taxi		Category/ Type 002		
Candidate Name			Transaction ID : VQZTPA7DQ75	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2453.79
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Yellow Cab Company of D.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016	
Mailing Address 1636 Bladensburg Rd NE			Amount of Each Disbursement this Period 7.12	
City Washington	State DC	Zip Code 20002-1804	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Taxi		Category/ Type 002	Transaction ID : VQZTPA7DN95	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Matthew Mascoc</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016	
Mailing Address 8831 Elliotts Ct			Amount of Each Disbursement this Period 400.00	
City Orlando	State FL	Zip Code 32836-5028	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : VQZTPA7DHE5	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Yellow Cab Company of D.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016	
Mailing Address 1636 Bladensburg Rd NE			Amount of Each Disbursement this Period 9.90	
City Washington	State DC	Zip Code 20002-1804	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Taxi		Category/ Type 002	Transaction ID : VQZTPA7DNE5	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	417.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 51	
	<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)  
**Geraldine Thompson for Congress**

**A. ACT BLUE**

Full Name (Last, First, Middle Initial)  
Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 27 / 2016

Amount of Each Disbursement this Period  
59.26

Memo Item

Transaction ID : VQZTPA834G5

Category/Type: 001

**B. United States Post Office**

Full Name (Last, First, Middle Initial)  
Mailing Address 15155 W Colonial Dr

City Winter Garden State FL Zip Code 34787-4272

Purpose of Disbursement  
Stamps

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

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

Amount of Each Disbursement this Period  
49.00

Memo Item

Transaction ID : VQZTPA7DMP5

Category/Type: 001

**c. Mega Print Promo**

Full Name (Last, First, Middle Initial)  
Mailing Address 5401 S Kirkman Rd

City Orlando State FL Zip Code 32819-7940

Purpose of Disbursement  
Prospectus Desgin

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 14 / 2016

Amount of Each Disbursement this Period  
650.00

Memo Item

Transaction ID : VQZTPA7DJS5

Category/Type: 006

**SUBTOTAL** of Disbursements This Page (optional)..... 758.26

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016	
Mailing Address P.O. Box 36647-1CR			Amount of Each Disbursement this Period 486.97	
City Dallas	State TX	Zip Code 75235	Memo Item <input type="checkbox"/>	
Purpose of Disbursement DC Trip		Category/ Type 002		
Candidate Name			Transaction ID : VQZTPA7DK26	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Yellow Cab Company of D.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016	
Mailing Address 1636 Bladensburg Rd NE			Amount of Each Disbursement this Period 13.87	
City Washington	State DC	Zip Code 20002-1804	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Taxi		Category/ Type 002		
Candidate Name			Transaction ID : VQZTPA7DP56	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. United States Post Office</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016	
Mailing Address 15155 W Colonial Dr			Amount of Each Disbursement this Period 101.49	
City Winter Garden	State FL	Zip Code 34787-4272	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Postage		Category/ Type 001		
Candidate Name			Transaction ID : VQZTPA7DM86	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	602.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jacob Redfern</b>			Date of Disbursement MM / DD / YYYY 02 / 16 / 2016	
Mailing Address 935 Craig St			Amount of Each Disbursement this Period 1750.00	
City McKeesport	State PA	Zip Code 15132-1827	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Payroll		Category/Type 001		
Candidate Name			<b>Transaction ID : VQZTPA7DH96</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Yellow Cab Company of D.C.</b>			Date of Disbursement MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1636 Bladensburg Rd NE			Amount of Each Disbursement this Period 17.11	
City Washington	State DC	Zip Code 20002-1804	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Taxi		Category/Type 002		
Candidate Name			<b>Transaction ID : VQZTPA7DPR6</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. ACT BLUE</b>			Date of Disbursement MM / DD / YYYY 01 / 31 / 2016	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 5.54	
City Somerville	State MA	Zip Code 02144-3132	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Credit Card Fee		Category/Type 001		
Candidate Name			<b>Transaction ID : VQZTPA834S6</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1772.65
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 51			
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Matthew Mascoe</b>			Date of Disbursement MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 8831 Elliotts Ct			Amount of Each Disbursement this Period 400.00	
City Orlando	State FL	Zip Code 32836-5028	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll		Category/ Type 001		
Candidate Name			Transaction ID : VQZTPA7DHD7	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. ACT BLUE</b>			Date of Disbursement MM / DD / YYYY 03 / 31 / 2016	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 94.23	
City Somerville	State MA	Zip Code 02144-3132	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Fee		Category/ Type 001		
Candidate Name			Transaction ID : VQZTPA834F7	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. ACT BLUE</b>			Date of Disbursement MM / DD / YYYY 02 / 28 / 2016	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 43.88	
City Somerville	State MA	Zip Code 02144-3132	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Fee		Category/ Type 001		
Candidate Name			Transaction ID : VQZTPA834M7	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	538.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 51			
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jacob Redfern</b>			Date of Disbursement MM / DD / YYYY 02 / 16 / 2016	
Mailing Address 935 Craig St			Amount of Each Disbursement this Period 198.77	
City McKeesport	State PA	Zip Code 15132-1827	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Reimbursement		Category/ Type 001	Transaction ID : VQZTPA7DV48	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Jacob Redfern</b>			Date of Disbursement MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 935 Craig St			Amount of Each Disbursement this Period 50.00	
City McKeesport	State PA	Zip Code 15132-1827	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Reimbursement		Category/ Type 001	Transaction ID : VQZTPA7DV98	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Christensen &amp; Associates, Inc.</b>			Date of Disbursement MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 322 A St SE Apt 2			Amount of Each Disbursement this Period 1750.00	
City Washington	State DC	Zip Code 20003-3801	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Consultant		Category/ Type 003	Transaction ID : VQZTPA7DHV8	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1998.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Yellow Cab Company of D.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016	
Mailing Address 1636 Bladensburg Rd NE			Amount of Each Disbursement this Period 14.51	
City Washington	State DC	Zip Code 20002-1804	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Taxi		Category/Type 002	<b>Transaction ID : VQZTPA7DPW8</b>	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Fineline Printing and Graphics</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016	
Mailing Address 544 W Fairbanks Ave # C-1			Amount of Each Disbursement this Period 947.85	
City Winter Park	State FL	Zip Code 32789-5086	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Printing		Category/Type 001	<b>Transaction ID : VQZTPA7DM29</b>	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016	
Mailing Address 7174 W Colonial Dr			Amount of Each Disbursement this Period 46.84	
City Orlando	State FL	Zip Code 32818-6751	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Office Supplies		Category/Type 001	<b>Transaction ID : VQZTPA7DJ49</b>	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1009.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address 3065 Daniels Rd		Amount of Each Disbursement this Period 86.11
City Winter Garden	State FL Zip Code 34787-7002	
Purpose of Disbursement Office Supplies	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA7DJ99</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Yellow Cab Company of D.C.</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 1636 Bladensburg Rd NE		Amount of Each Disbursement this Period 9.61
City Washington	State DC Zip Code 20002-1804	
Purpose of Disbursement Taxi	Category/Type 002	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA7DNC9</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. ACT BLUE</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2016
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 29.64
City Somerville	State MA Zip Code 02144-3132	
Purpose of Disbursement Credit Card Fee	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA834K9</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	125.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 51	
	<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)  
**Geraldine Thompson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bright House Networks</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address PO Box 30574		Amount of Each Disbursement this Period 242.28
City Tampa	State FL Zip Code 33630-3574	
Purpose of Disbursement Phone/Internet Service	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA7DJQ9</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Mosaic Express Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 1920 L St NW		Amount of Each Disbursement this Period 207.96
City Washington	State DC Zip Code 20036-5004	
Purpose of Disbursement Printing Prospectus	Category/Type 006	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA7DKX9</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Yellow Cab Company of D.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address 1636 Bladensburg Rd NE		Amount of Each Disbursement this Period 12.52
City Washington	State DC Zip Code 20002-1804	
Purpose of Disbursement Taxi	Category/Type 002	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZTPA7DNZ9</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	462.76
<b>TOTAL</b> This Period (last page this line number only).....	34459.36

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Geraldine Thompson for Congress** Transaction ID : **VR0SYEX1076L**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]**  Memo Item  
**Geraldine F. Thompson**

Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 9626 Leaside Ct

City State ZIP Code  
 Windermere FL 34786-6200

Original Amount of Loan 61000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 61000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred: M 12 / D 30 / Y 2015  
 Date Due: M / D / Y none  
 Interest Rate: none % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 61000.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Geraldine Thompson for Congress** Transaction ID : **VR0SYEX1019L**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**Geraldine F. Thompson**

Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 9626 Leaside Ct

City State ZIP Code  
 Windermere FL 34786-6200

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred: M 10 / D 14 / Y 2015  
 Date Due: M / D / Y none  
 Interest Rate: none % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	66000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.