

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

KAYDALY,COM

ADDRESS (number and street)

Post Office Box 4749

Check if different than previously reported. (ACC)

Pinehurst

NC

28374

2. FEC IDENTIFICATION NUMBER ▼

C C00589275

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kay Daly

Signature of Treasurer Kay Daly

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**KAYDALY,COM**

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

	<b>COLUMN A This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="31166.00"/>	<input type="text" value="62392.18"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="31166.00"/>	<input type="text" value="62392.18"/>
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="16954.68"/>	<input type="text" value="27372.41"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="1785.00"/>	<input type="text" value="1785.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="15169.68"/>	<input type="text" value="25587.41"/>
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<input type="text" value="36804.77"/>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="0.00"/>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="0.00"/>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**KAYDALY,COM**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2015 To: M M / D D / Y Y Y Y 12 / 31 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25600.00	31355.00
(ii) Unitemized.....	5566.00	8368.00
(iii) TOTAL of contributions from individuals ▶	31166.00	39723.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	22669.18
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	31166.00	62392.18
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	1785.00	1785.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	32951.00	64177.18

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16954.68	27372.41
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) ►	16954.68	27372.41

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	20808.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32951.00
25. SUBTOTAL (add Line 23 and Line 24).....	53759.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16954.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	36804.77

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

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

Mailing Address 13115 Pavilion Lane

City Fairfax	State VA	Zip Code 22033
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Bankers Association	Occupation Trade Association 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  
 12 / 28 / 2015

**Transaction ID : SA11AI.4269**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 100 Fall Creek Road

City Lawrence	State KS	Zip Code 66049
------------------	-------------	-------------------

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

Name of Employer Macerich Real Estate	Occupation Board Vice Chairman
--	-----------------------------------

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  
 12 / 31 / 2015

**Transaction ID : SA11AI.4492**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2128 Lakeside Lofts Circle

City Cary	State NC	Zip Code 27513
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Freelance Producer
--------------------------	----------------------------------

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  
 12 / 31 / 2015

**Transaction ID : SA11AI.4306**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

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

Mailing Address 301 Letort Road

City Millersville State PA Zip Code 17551

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

Name of Employer Clymer Conrad, PC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 24 / 2015

**Transaction ID : SA11AI.4248**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address Alpine, NJ 07620

City Alpine State NJ Zip Code 07620

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

Name of Employer Wachtell, Lipton, Rosen & Katz Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : SA11AI.4214**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 801 South Garner Street

City State College State PA Zip Code 16801

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

Name of Employer AHN-EP Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11AI.4288**

Amount of Each Receipt this Period  
 250.00

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

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

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

Mailing Address **25 Highland Park Village**  
**Suite 100**

City **Dallas** State **TX** Zip Code **75205**

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

Name of Employer **Self** Occupation **Investor**

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  
**11 / 19 / 2015**

**Transaction ID : SA11AI.4242**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **3311 Marshview Drive**

City **Supply** State **NC** Zip Code **28462**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : SA11AI.4449**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **P.O. Box 9790**

City **Jackson** State **WY** Zip Code **83002**

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

Name of Employer **Friess Associates Inc.** Occupation **Investment Consultant**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : SA11AI.4480**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

Full Name (Last, First, Middle Initial) <b>A. Lawrence Gelman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2015
Mailing Address 3900 Sundown Drive		<b>Transaction ID : SA11AI.4455</b>
City State Zip Code McAllen TX 78503	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer McAllen Anesthesia Consultants	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Tatnall Hillman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Mailing Address 504 W Bleeker St		<b>Transaction ID : SA11AI.4265</b>
City State Zip Code Aspen CO 81611	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2700.00
Name of Employer Retired	Occupation Retired Naval Officer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) <b>C. William Hubbell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2015
Mailing Address 300 S Biscayne Blvd Apt 4006		<b>Transaction ID : SA11AI.4512</b>
City State Zip Code Miami FL 33131-5384	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2700.00
Name of Employer Self-employed	Occupation Investor	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7400.00
<b>TOTAL</b> This Period (last page this line number only).....	7400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

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

Mailing Address 20145 Gum Grove Rd

City Hopkinsville State KY Zip Code 42240

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

Name of Employer Self Occupation Small Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.4422**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 5465 Mills Creek Parkway Suite 400

City West Des Moines State IA Zip Code 50266-5321

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

Name of Employer Kirke Financial Services Occupation Chairman and Founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4263**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address P.O. Box 2113

City Orlando State FL Zip Code 32802

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

Name of Employer Leevista, Inc. Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.4498**

Amount of Each Receipt this Period  
 1500.00

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

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

2750.00

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

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

FOR LINE NUMBER: PAGE 10 OF 22  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

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

Mailing Address 1903 Peyco Drive North

City State Zip Code  
Arlington TX 76001

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

Name of Employer Occupation  
Reliable Construction / Real Estate

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  
 12 31 2015

**Transaction ID : SA11AI.4420**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 10529 SW 30th Street

City State Zip Code  
Towanda KS 67144-9024

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

Name of Employer Occupation  
Operation Rescue 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  
 11 23 2015

**Transaction ID : SA11AI.4507**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**John E O'Neill**

Mailing Address 1111 Louisiana Street,  
25th Floor

City State Zip Code  
Houston TX 77002-5242

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

Name of Employer Occupation  
Winston & Strawn LLP Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 23 2015

**Transaction ID : SA11AI.4509**

Amount of Each Receipt this Period  
1000.00

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

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

4200.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

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

Mailing Address **P.O. Box 829, 5009 El Secreto**

City **Rancho Santa Fe** State **CA** Zip Code **92067**

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

Name of Employer **Peck Enterprises** Occupation **Real Estate Investor**

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  
**12 / 05 / 2015**

**Transaction ID : SA11AI.4259**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **427 Powell Pl.**

City **Pittsboro** State **NC** Zip Code **27312**

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

Name of Employer **BCBSNC** Occupation **Business Systems Analyst**

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  
**12 / 31 / 2015**

**Transaction ID : SA11AI.4340**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **3750 S Las Vegas Blvd  
Apt 3507**

City **Las Vegas** State **NV** Zip Code **89158-4368**

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  
**12 / 06 / 2015**

**Transaction ID : SA11AI.4261**

Amount of Each Receipt this Period  
**500.00**

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

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

**3450.00**

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

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

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

**A.** Full Name (Last, First, Middle Initial)  
**Paul J. Schierl**

Mailing Address 111 N. Washington Street  
Suite 450

City Green Bay State WI Zip Code 54301-4257

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

Name of Employer Green Bay Packers Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : SA11AI.4494**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2218 Belle Haven Road

City Alexandria State VA Zip Code 22307

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

Name of Employer U.S. Policy Strategies Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 18 / 2015

**Transaction ID : SA11AI.4502**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1175 NE 125th Street  
Suite 102

City North Miami State FL Zip Code 33161

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

Name of Employer Self-employed Occupation Developer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.4451**

Amount of Each Receipt this Period  
 250.00

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

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

2250.00

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

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

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

**A.** Full Name (Last, First, Middle Initial)  
**Susan O Tilley**

Mailing Address 10 Prestwick Court

City Pinehurst State NC Zip Code 28374

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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2015

**Transaction ID : SA11AI.4500**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address PO Box 7908

City Rocky Mount State NC Zip Code 27804

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

Name of Employer Self Occupation Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11AI.4292**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 962 Casseque Province

City Mount Pleasant State SC Zip Code 29464

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

Name of Employer The Velasquez Group Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : SA11AI.4505**

Amount of Each Receipt this Period  
 1000.00

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

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

1800.00

25600.00

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

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

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

**A.** Full Name (Last, First, Middle Initial)  
**Time Warner Cable Media**

Mailing Address 101 Innovation Avenue

City Morrisville State NC Zip Code 27560

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  
 11 / 18 / 2015

**Transaction ID : SA14.4503**

Amount of Each Receipt this Period  
 1680.00

Refund

**B.** Full Name (Last, First, Middle Initial)  
**Time Warner Cable Media**

Mailing Address 101 Innovation Avenue

City Morrisville State NC Zip Code 27560

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  
 12 / 09 / 2015

**Transaction ID : SA14.4475**

Amount of Each Receipt this Period  
 105.00

Refund

**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

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

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

1785.00

1785.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

Full Name (Last, First, Middle Initial) <b>A. ABC Software</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 3230 W 69th Ave #1		Amount of Each Disbursement this Period 262.50 <b>Transaction ID : SB17.4526</b>
City Anchorage State AK Zip Code 99502-3006	Purpose of Disbursement Database Management	
Candidate Name	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. Apple</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address 1 Infinite Loop		Amount of Each Disbursement this Period 1479.56 <b>Transaction ID : SB17.4545</b>
City Cupertino State CA Zip Code 95014	Purpose of Disbursement Telecommunications Equipment	
Candidate Name	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. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 1813 North Sand Hills Drive		Amount of Each Disbursement this Period 394.20 <b>Transaction ID : SB17.4587</b>
City Aberdeen State NC Zip Code 28315	Purpose of Disbursement Telecommunications Services	
Candidate Name	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).....	2136.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 1813 North Sand Hills Drive		Amount of Each Disbursement this Period 185.58 <b>Transaction ID : SB17.4552</b>
City Aberdeen	State NC	
Zip Code 28315	Purpose of Disbursement Telecommunications Services	Category/ Type
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. Charleston Place</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 205 Meeting St		Amount of Each Disbursement this Period 209.78 <b>Transaction ID : SB17.4593</b>
City Charleston	State SC	
Zip Code 29401	Purpose of Disbursement Meal	Category/ Type
Candidate Name <b>KAYDALY,COM</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. Jack W Daly</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 11750 NC HWY 705		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4584</b>
City Eagle Springs	State NC	
Zip Code 27242	Purpose of Disbursement Reimbursement for Convention Registration	Category/ Type
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).....	1895.36
<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 17 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

Full Name (Last, First, Middle Initial) <b>A. Jack W Daly</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015
Mailing Address 11750 NC HWY 705		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.4589</b>
City Eagle Springs	State NC	
Zip Code 27242	Purpose of Disbursement Reimbursement for CNP conference registration	Category/ Type
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. DataFinder</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 7530 164th Avenue NE Suite A240		Amount of Each Disbursement this Period 241.68 <b>Transaction ID : SB17.4588</b>
City Redmond	State WA	
Zip Code 98052	Purpose of Disbursement Voter Lists	Category/ Type
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. DataFinder</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 7530 164th Avenue NE Suite A240		Amount of Each Disbursement this Period 415.30 <b>Transaction ID : SB17.4586</b>
City Redmond	State WA	
Zip Code 98052	Purpose of Disbursement Voter Lists	Category/ Type
Candidate Name <b>KAYDALY,COM</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).....	1456.98
<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 18 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 02 / 2015</b>
Mailing Address <b>1601 Willow Road</b>		Amount of Each Disbursement this Period <b>209.71</b> <b>Transaction ID : SB17.4596</b>
City <b>Menlo Park</b> State <b>CA</b> Zip Code <b>94025</b>	Purpose of Disbursement <b>Advertising</b>	
Candidate Name	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. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 14 / 2015</b>
Mailing Address <b>1601 Willow Road</b>		Amount of Each Disbursement this Period <b>250.17</b> <b>Transaction ID : SB17.4581</b>
City <b>Menlo Park</b> State <b>CA</b> Zip Code <b>94025</b>	Purpose of Disbursement <b>Advertising</b>	
Candidate Name	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. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 23 / 2015</b>
Mailing Address <b>1601 Willow Road</b>		Amount of Each Disbursement this Period <b>500.11</b> <b>Transaction ID : SB17.4524</b>
City <b>Menlo Park</b> State <b>CA</b> Zip Code <b>94025</b>	Purpose of Disbursement <b>Advertising</b>	
Candidate Name	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).....	<b>959.99</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 19 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

**A. Faith & Freedom Coalition**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 957736

City Duluth State GA Zip Code 30095-9529

Purpose of Disbursement  
Conference Registration

Candidate Name  
**KAYDALY,COM**

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  
12 / 11 / 2015

Amount of Each Disbursement this Period  
750.00

Transaction ID : SB17.4598

**B. Labels & Lists, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 2500 116th Street NE #3

City Bellvue State WA Zip Code 98004

Purpose of Disbursement  
Voter List

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  
12 / 28 / 2015

Amount of Each Disbursement this Period  
924.87

Transaction ID : SB17.4531

**C. North Carolina State Board of Elections**

Full Name (Last, First, Middle Initial)  
Mailing Address 441 N Harrington St

City Raleigh State NC Zip Code 27603

Purpose of Disbursement  
Filing Fee

Candidate Name  
**KAYDALY,COM**

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  
12 / 21 / 2015

Amount of Each Disbursement this Period  
1740.00

Transaction ID : SB17.4513

**SUBTOTAL** of Disbursements This Page (optional)..... 3414.87

**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 20 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 290 Turner Street

City Aberdeen State NC Zip Code 28315

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 09 / 2015

Amount of Each Disbursement this Period: 263.63

Transaction ID : SB17.4591

Full Name (Last, First, Middle Initial)

**B. Time Warner Cable Media**

Mailing Address 101 Innovation Avenue

City Morrisville State NC Zip Code 27560

Purpose of Disbursement Television Advertising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 03 / 2015

Amount of Each Disbursement this Period: 1492.60

Transaction ID : SB17.4522

Full Name (Last, First, Middle Initial)

**C. United States Postal Service**

Mailing Address 80 Blake Boulevard

City Pinehurst State NC Zip Code 28374

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 17 / 2015

Amount of Each Disbursement this Period: 2367.42

Transaction ID : SB17.4571

**SUBTOTAL** of Disbursements This Page (optional)..... 4123.65

**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 21 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 80 Blake Boulevard			Amount of Each Disbursement this Period 34.50 <b>Transaction ID : SB17.4560</b>
City Pinehurst	State NC	Zip Code 28374	
Purpose of Disbursement Postage		Category/ Type	
Candidate Name			
Office Sought:	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. United States Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 80 Blake Boulevard			Amount of Each Disbursement this Period 261.53 <b>Transaction ID : SB17.4553</b>
City Pinehurst	State NC	Zip Code 28374	
Purpose of Disbursement Postage		Category/ Type	
Candidate Name			
Office Sought:	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. United States Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 80 Blake Boulevard			Amount of Each Disbursement this Period 17.25 <b>Transaction ID : SB17.4550</b>
City Pinehurst	State NC	Zip Code 28374	
Purpose of Disbursement Postage		Category/ Type	
Candidate Name			
Office Sought:	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).....	313.28
<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 22 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**KAYDALY,COM**

Full Name (Last, First, Middle Initial) <b>A. Wal-Mart</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address 250 Turner Street		Amount of Each Disbursement this Period 342.58 <b>Transaction ID : SB17.4543</b>
City Aberdeen	State NC	
Zip Code 28315	Purpose of Disbursement Office Supplies	Category/ Type
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. Wal-Mart</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 250 Turner Street		Amount of Each Disbursement this Period 690.32 <b>Transaction ID : SB17.4546</b>
City Aberdeen	State NC	
Zip Code 28315	Purpose of Disbursement Telecommunications Equipment	Category/ Type
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. Wal-Mart</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 250 Turner Street		Amount of Each Disbursement this Period 127.47 <b>Transaction ID : SB17.4580</b>
City Aberdeen	State NC	
Zip Code 28315	Purpose of Disbursement Office Supplies	Category/ Type
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).....	1160.37
<b>TOTAL</b> This Period (last page this line number only).....	15460.76