

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **PO BOX 25647**
 Check if different than previously reported. (ACC) **ALEXANDRIA VA 22313-5674**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00610568 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)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2016 through / / 2016

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CARLY FOR AMERICA

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="0"/>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	129867.33	
(c) Total Receipts (from Line 19)	12910.74	1025473.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	142778.07	1025473.58
7. Total Disbursements (from Line 31).....	138727.33	1021422.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4050.74	4050.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CARLY FOR AMERICA

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	210.59	12335.59
(ii) Unitemized	15.00	60452.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	225.59	72788.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	225.59	112788.26
12. Transfers From Affiliated/Other Party Committees.....	0.00	300000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.17
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	12685.15	612685.15
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	12910.74	1025473.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12910.74	1025473.58

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	21288.97	295940.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	21288.97	295940.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	80000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	25.00	25.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	25.00	25.00
29. Other Disbursements (Including Non-Federal Donations).....	117413.36	645457.72
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	138727.33	1021422.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	138727.33	1021422.84

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	225.59	112788.26
34. Total Contribution Refunds (from Line 28(d))	25.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	200.59	112763.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	21288.97	295940.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.17
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21288.97	295939.95

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

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

Mailing Address 11807 WESTHEIMER ROAD SUITE 550 PM

City HOUSTON	State TX	Zip Code 77077-
-----------------	-------------	--------------------

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

Name of Employer (for Individual) POLITICAL	Occupation (for Individual) SOCIAL MEDIA COMMUNITY MANAG
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : SA11A.347176

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

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

Mailing Address 11807 WESTHEIMER ROAD SUITE 550 PM

City HOUSTON	State TX	Zip Code 77077-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) POLITICAL	Occupation (for Individual) SOCIAL MEDIA COMMUNITY MANAG
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2016

Transaction ID : SA11A.347177

Amount of Each Receipt this Period
20.92

Memo Item
CONTRIBUTION

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

Mailing Address 11807 WESTHEIMER ROAD SUITE 550 PM

City HOUSTON	State TX	Zip Code 77077-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) POLITICAL	Occupation (for Individual) SOCIAL MEDIA COMMUNITY MANAG
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2016

Transaction ID : SA11A.347178

Amount of Each Receipt this Period
12.08

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	43.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

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

Mailing Address 11807 WESTHEIMER ROAD SUITE 550 PM

City HOUSTON	State TX	Zip Code 77077-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) POLITICAL	Occupation (for Individual) SOCIAL MEDIA COMMUNITY MANAG
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2016

Transaction ID : SA11A.347179

Amount of Each Receipt this Period
2.92

Memo Item CONTRIBUTION

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

Mailing Address 11807 WESTHEIMER ROAD SUITE 550 PM

City HOUSTON	State TX	Zip Code 77077-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) POLITICAL	Occupation (for Individual) SOCIAL MEDIA COMMUNITY MANAG
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.92

Date of Receipt

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

Transaction ID : SA11A.347180

Amount of Each Receipt this Period
4.67

Memo Item CONTRIBUTION

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

Mailing Address 11807 WESTHEIMER ROAD SUITE 550 PM

City HOUSTON	State TX	Zip Code 77077-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) POLITICAL	Occupation (for Individual) SOCIAL MEDIA COMMUNITY MANAG
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2016

Transaction ID : SA11A.347182

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	107.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

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

Mailing Address 11807 WESTHEIMER ROAD SUITE 550 PM

City HOUSTON	State TX	Zip Code 77077-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) POLITICAL	Occupation (for Individual) SOCIAL MEDIA COMMUNITY MANAG
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : SA11A.347183

Amount of Each Receipt this Period
10.00

Memo Item CONTRIBUTION

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

Mailing Address 11807 WESTHEIMER ROAD SUITE 550 PM

City HOUSTON	State TX	Zip Code 77077-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) POLITICAL	Occupation (for Individual) SOCIAL MEDIA COMMUNITY MANAG
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2016

Transaction ID : SA11A.347184

Amount of Each Receipt this Period
20.00

Memo Item CONTRIBUTION

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

Mailing Address 11807 WESTHEIMER ROAD SUITE 550 PM

City HOUSTON	State TX	Zip Code 77077-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) POLITICAL	Occupation (for Individual) SOCIAL MEDIA COMMUNITY MANAG
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2016

Transaction ID : SA11A.347185

Amount of Each Receipt this Period
10.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

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

Mailing Address 11807 WESTHEIMER ROAD SUITE 550 PM

City HOUSTON	State TX	Zip Code 77077-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) POLITICAL	Occupation (for Individual) SOCIAL MEDIA COMMUNITY MANAG
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2016

Transaction ID : SA11A.347186

Amount of Each Receipt this Period
20.00

Memo Item CONTRIBUTION

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	210.59

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. TARBELL COMPANIES, INC.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2016
Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R STE 500		Transaction ID : SA17.8270
City LANGHORN	State PA	Zip Code 19047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12685.15
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12685.15	REFUND OF DUPLICATE PAYMENT (NON-CONTRIB)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	12685.15
TOTAL This Period (last page this line number only).....▶	12685.15

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I8243
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City **TYSONS CORNER** State **VA** Zip Code **22182**

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I8254
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

City **MOUNTAIN VIEW** State **CA** Zip Code **94043**

Purpose of Disbursement
ONLINE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I8253
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.I8245
Amount of Each Disbursement this Period
14032.40

Memo Item

Full Name (Last, First, Middle Initial)

B. ALMSTEAD, DEIDRE, A, ,

Mailing Address 1020 N FAIRFAX ST
STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET PAY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 02 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8248
Amount of Each Disbursement this Period
2937.72

Memo Item

Full Name (Last, First, Middle Initial)

C. SADLER, FRANK, F, ,

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET PAY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 02 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8246
Amount of Each Disbursement this Period
4499.56

Memo Item

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

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

14032.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. SPURLOCK, BRIDGET, E, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET PAY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8247

Amount of Each Disbursement this Period: 1335.36

Memo Item

B. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8249

Amount of Each Disbursement this Period: 3265.82

Memo Item

C. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8250

Amount of Each Disbursement this Period: 1993.94

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 15 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8251
Amount of Each Disbursement this Period
14032.39

Memo Item

Full Name (Last, First, Middle Initial)

B. ALMSTEAD, DEIDRE, A, ,

Mailing Address 1020 N FAIRFAX ST
STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 16 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8257
Amount of Each Disbursement this Period
2937.72

Memo Item

Full Name (Last, First, Middle Initial)

C. SADLER, FRANK, F, ,

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 16 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8255
Amount of Each Disbursement this Period
4499.56

Memo Item

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

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

14032.39

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPURLOCK, BRIDGET, E, ,

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8256
Amount of Each Disbursement this Period
1335.37

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8258
Amount of Each Disbursement this Period
3265.81

Memo Item

Full Name (Last, First, Middle Initial)

C. XCELHR

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL SVC

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8259
Amount of Each Disbursement this Period
1993.93

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. XCELHR		Date of Disbursement MM / DD / YYYY 12 / 29 / 2016
Mailing Address 7361 CALHOUN PL STE 600		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8252 Amount of Each Disbursement this Period 13847.77
City ROCKVILLE	State MD	Zip Code 20855
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ALMSTEAD, DEIDRE, A, ,		Date of Disbursement MM / DD / YYYY 12 / 30 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8262 Amount of Each Disbursement this Period 2937.71
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement NET SALARY		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SADLER, FRANK, F, ,		Date of Disbursement MM / DD / YYYY 12 / 30 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8260 Amount of Each Disbursement this Period 4499.56
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement NET SALARY		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	13847.77
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPURLOCK, BRIDGET, E, ,

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8261
Amount of Each Disbursement this Period
1335.36

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8263
Amount of Each Disbursement this Period
3265.83

Memo Item

Full Name (Last, First, Middle Initial)

C. XCELHR

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8264
Amount of Each Disbursement this Period
1809.31

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER NON-CONTRIBUTION ACCOUNT SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

FEC Identification Number
C

Transaction ID : SB21B.I8265

Amount of Each Disbursement this Period
-20956.28

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ -20956.28

TOTAL This Period (last page this line number only)..... ▶ 21288.97

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CS STRATEGIES

Mailing Address 6626 CYPRESS POINT RD

City
ALEXANDRIA

State
VA

Zip Code
22312

Purpose of Disbursement
STRATEGIC CONSULTING (NON-CONTRIBUTION)

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.18268

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOHNSON STRATEGIES LLC

Mailing Address 4612 DUSIK LN

City
AUSTIN

State
TX

Zip Code
78746

Purpose of Disbursement
STRATEGIC CONSULTING (NON-CONTRIBUTION ACCOUNT)

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2016			

FEC Identification Number

C

Transaction ID : SB29.18235

Amount of Each Disbursement this Period

24000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOHNSON STRATEGIES LLC

Mailing Address 4612 DUSIK LN

City
AUSTIN

State
TX

Zip Code
78746

Purpose of Disbursement
STRATEGIC CONSULTING (NON-CONTRIBUTION)

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2016			

FEC Identification Number

C

Transaction ID : SB29.18269

Amount of Each Disbursement this Period

1779.98

Memo Item

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

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

29779.98

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. MLJ CONSULTING, INC.		Date of Disbursement MM / DD / YYYY 11 / 29 / 2016
Mailing Address PO BOX 26402		FEC Identification Number C [] Transaction ID : SB29.I8267
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Disbursement RENT & CONSULTING SERVICES (NON-CONTRIBUTION)		Amount of Each Disbursement this Period [] 60000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. TARBELL COMPANIES, INC.		Date of Disbursement MM / DD / YYYY 12 / 30 / 2016
Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R STE 500		FEC Identification Number C [] Transaction ID : SB29.I8237
City LANGHORN	State PA	Zip Code 19047
Purpose of Disbursement STRATEGIC CONSULTANT EXPENSES (NON-CONTRIBUTION)		Amount of Each Disbursement this Period [] 4542.10
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. TUSK DIGITAL		Date of Disbursement MM / DD / YYYY 12 / 30 / 2016
Mailing Address 718 7TH ST NW FL 2		FEC Identification Number C [] Transaction ID : SB29.I8236
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement DIGITAL CONSULTING (NON-CONTRIBUTION ACCOUNT)		Amount of Each Disbursement this Period [] 2100.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 66642.10
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER NON-CONTRIBUTION ACCOUNT SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

FEC Identification Number
C

Transaction ID : SB29.18266

Amount of Each Disbursement this Period
20956.28

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20956.28

TOTAL This Period (last page this line number only)..... ▶ 117378.36