

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

CARLY FOR PRESIDENT

ADDRESS (number and street)

1020 N FAIRFAX ST

STE 200

Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00577312

3. THIS REPORT IS FOR Primary

or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1)
- October 15 (Q3)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

Thirtieth day report following the General Election

on MM / DD / YYYY .

Twelfth day report preceding election

on MM / DD / YYYY in the State of .

Is this Report an Amendment?

yes

no

5. Covering Period

MM / DD / YYYY
03 / 01 / 2016

through

MM / DD / YYYY
03 / 31 / 2016

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

JOSEPH R SCHMUCKLER

Signature of Treasurer

JOSEPH R SCHMUCKLER

[Electronically Filed]

Date

MM / DD / YYYY
04 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of this form are obsolete and should no longer be used.

Office Use Only

Write or Type Committee Name

CARLY FOR PRESIDENT

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

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	<input type="text" value="1767911.16"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="-94.06"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="1767817.10"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	<input type="text" value="401676.30"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="1366140.80"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
13. EXPENDITURES SUBJECT TO LIMITATION	<input type="text" value="0.00"/>

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	<input type="text" value="11932484.69"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="10486373.45"/>

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

CARLY FOR PRESIDENT

Report Covering the Period: From:

M M / D D / Y Y Y Y
03 / 01 / 2016

To:

M M / D D / Y Y Y Y
03 / 31 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	0.00	6409751.71
(ii) unitemized	-248.00	5636243.17
(iii) Total contributions	-248.00	12045994.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	20925.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	-248.00	12066919.88
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	150.00	12641.08
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	150.00	12641.08
21. OTHER RECEIPTS (Dividends, Interest, etc.)	3.94	29.56
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	-94.06	12079590.52

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

CARLY FOR PRESIDENT

Report Covering the Period: From:

03 / 01 / 2016

To:

03 / 31 / 2016

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

23. OPERATING EXPENDITURES.....	351676.30	10499014.53
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	133435.19
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	134435.19
29. OTHER DISBURSEMENTS	50000.00	80000.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	401676.30	10713449.72

**III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC FORM 3P,
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00577312

CARLY FOR PRESIDENT

ADDRESS (number and street) 1020 N FAIRFAX ST
STE 200
ALEXANDRIA VA 22314
CITY STATE ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: F3PN
Transaction ID :

April 20, 2016Mr. Bradley MathesonSenior Campaign Finance AnalystReports Analysis DivisionFederal Election CommissionDear Mr. Matheson,Carly for America (FEC Committee ID No. C00610568) was formed by the leadership of Carly for President (FEC CommitteeID No. C00577312) in accordance with Advisory Opinion 1993-22 (Roe) which held that, in lieu of converting to amulti-candidate committee, a candidate committee may transfer excess campaign funds to create and finance a newmulti-candidate committee.In accepting future contributions, Carly for President will continue to adhere to the contribution limits governingcandidate committees, and at no time will Carly for President or Carly for America accept a "hard dollar" contributionif the contribution would cause the total aggregate "hard dollar" contributions from the donor to Carly for Presidentand Carly for America to exceed \$5,000 in either (a) the 2016 election cycle, or (b) any calendar year.The attached report contains a transfer of excess campaign funds.
Sincerely,Joseph R. SchmucklerTreasurer

Form/Schedule:
Transaction ID:

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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 PRESIDENT

Full Name (Last, First, Middle Initial) A. RENEE MILLER		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 30 NORWAY HILL ROAD		Transaction ID : SB23001
City HANCOCK	State NH	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 3370.00
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. RENEE MILLER		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 30 NORWAY HILL		Transaction ID : SB23002
City HANCOCK	State NH	
Purpose of Disbursement TRAVEL/MILEAGE	Candidate Name	Amount of Each Disbursement this Period 565.76
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. BB&T BANK		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 2200 WILSON BLVD STE 100		Transaction ID : SB23006
City ARLINGTON	State VA	
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period 17.00
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 Receipts This Page (optional)..... 3952.76

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. CARDMEMBER SERVICES		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address PO BOX 15153		Transaction ID : SB23005
City WILMINGTON	State DE	
Purpose of Disbursement CREDIT CARD PAYMENT	Candidate Name	Amount of Each Disbursement this Period 5408.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. 110 GRILL		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 116 CHELMSFORD ST		Transaction ID : SB23CC0301006
City CHELMSFORD	State MA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 249.37
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 201 I ST NE		Transaction ID : SB23CC0301003
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 663.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional).....	5408.10
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. COPPER DOOR		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 15 LEAVY DRIVE		Transaction ID : SB23CC0301012
City BEDFORD	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 344.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. CROWNE PLAZA HOTEL		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23CC0301007
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 12.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. FIG AND OLIVE		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 808 LEXINGTON AVE		Transaction ID : SB23CC0301004
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 275.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. FRONTIER AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 7001 TOWER RD		Transaction ID : SB23CC0301005
City DENVER	State CO	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 498.20
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. J2 EFAX		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 6922 HOLLYWOOD BLVD 5TH FL		Transaction ID : SB23CC0301011
City LOS ANGELES	State CA	
Purpose of Disbursement FAX SERVICE	Candidate Name	Amount of Each Disbursement this Period 50.00
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. RESIDENCE INNS		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 8330 CORPORATE DR		Transaction ID : SB23CC0301002
City HYATTSVILLE	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 490.56
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. SAM ADAMS		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 1 AIRPORT ROAD		Transaction ID : SB23CC0301008
City MANCHESTER	State NH	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 44.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. SHERATON HOTEL		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address ONE STAR POINT		Transaction ID : SB23CC0301013
City STAMFORD	State CT	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 863.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. STARBUCKS		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 2401 UTAH ST S		Transaction ID : SB23CC0301014
City SEATTLE	State WA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 10.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. SWIFT LIMOS		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 14631 LEE HWY #105		Transaction ID : SB23CC0301001
City CENTREVILLE	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 247.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 1455 MARKET ST		Transaction ID : SB23CC0301010
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 682.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 555 AIRPORT BLVD		Transaction ID : SB23CC0301009
City BURLINGAME	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 564.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. LOCKTON AFFINITY LLC		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address PO BOX 87-9610		Transaction ID : SB23007
City KANSAS CITY	State MO	
Purpose of Disbursement INSURANCE	Candidate Name	Amount of Each Disbursement this Period 1708.00
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. SJ ROLLINS TECHNOLOGIES INC		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 242 STATE STREET		Transaction ID : SB23003
City BANGOR	State ME	
Purpose of Disbursement NETWORK SERVICES/EQUIPMENT	Candidate Name	Amount of Each Disbursement this Period 170.00
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 03 / 01 / 2016
Mailing Address 718 7TH STREET NW, 2ND FLOOR		Transaction ID : SB23004
City WASHINGTON	State DC	
Purpose of Disbursement FINANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 94396.11
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 Receipts This Page (optional)..... 96274.11

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. AMY NOONE FREDERICK		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 15532 YORKTOWN DRIVE		Transaction ID : SB23008
City MONTCLAIR	State VA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 16530.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. AMY NOONE FREDERICK		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 15532 YORKTOWN DRIVE		Transaction ID : SB23009
City MONTCLAIR	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 3092.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. DCA REAGAN		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 2401 S. SMITH BLVD		Transaction ID : SB23AF001
City ARLINGTON	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 19622.50

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 1275 K ST NW #1200		Transaction ID : SB23AF003
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 352.59
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. HILTON		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 7930 JONES BRANCH DR #1100		Transaction ID : SB23AF002
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 2152.11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 1455 MARKET ST		Transaction ID : SB23AF004
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 55.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. BROWNSTEIN HYATT FARBER SCHRECK		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 410 17TH STREET SUITE 2200		Transaction ID : SB23010
City DENVER	State CO	
Purpose of Disbursement LEGAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 10000.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 1593 SPRING HILL ROAD, SUITE 400		Transaction ID : SB23011
City TYSONS CORNER	State VA	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Candidate Name	Amount of Each Disbursement this Period 15526.77
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. JOHNSON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 4612 DUSIK LN		Transaction ID : SB23012
City AUSTIN	State TX	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 16855.73
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 42382.50

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. THE LAUDERBACK GROUP		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 1307 ELTON LN		Transaction ID : SB23013
City AUSTIN	State TX	
Purpose of Disbursement FINANCE CONSULTING	<input type="text"/>	Amount of Each Disbursement this Period 20330.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DEIDRE ALMSTEAD		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23026
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	<input type="text"/>	Amount of Each Disbursement this Period 2336.97
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GABRIEL CRAWFORD		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23025
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	<input type="text"/>	Amount of Each Disbursement this Period 702.15
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. CASEY ENDERS		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23016
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1831.76	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ANNA EPSTEIN		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23017
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1491.90	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. JUSTIN GIORGIO		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23022
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 824.22	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional).....	4147.88
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial)

A. SARAH GRANGER

Mailing Address 1220 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	6

Transaction ID : SB23018

Amount of Each Disbursement this Period

1	6	9	2	.	8	3
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. EVA GUIDARINI

Mailing Address 1220 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	6

Transaction ID : SB23023

Amount of Each Disbursement this Period

8	6	1	.	1	5
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. BRANDON HOWELL

Mailing Address 1220 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	6

Transaction ID : SB23019

Amount of Each Disbursement this Period

1	3	0	3	.	9	5
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Memo Item

Subtotal Of Receipts This Page (optional).....

3	8	5	7	.	9	3
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Total This Period (last page this line number only).....

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ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. JESSICA LABERGE		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23020
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1180.98	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
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) ▼	Category/Type	
State: District:		

Full Name (Last, First, Middle Initial) B. REBECCA SCHIEBER		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23021
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1038.74	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
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) ▼	Category/Type	
State: District:		

Full Name (Last, First, Middle Initial) C. THOMAS SZOLD		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23024
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 2498.59	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
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) ▼	Category/Type	
State: District:		

Subtotal Of Receipts This Page (optional)..... 4718.31

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. JENNA WHITE		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23027
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 889.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. EMILY ZIEGLER		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23028
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 837.79
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. MDS COMMUNICATIONS CORPORATION		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 545 W JUANITA AVE		Transaction ID : SB23029
City MESA	State AZ	
Purpose of Disbursement PRINTING/POSTAGE	Candidate Name	Amount of Each Disbursement this Period 5727.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 7454.53

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

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. XCEL HR		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 250 EXCHANGE PLACE STE B		Transaction ID : SB23014
City HERNDON	State VA	
Purpose of Disbursement PAYROLL SERVICE	Candidate Name	Amount of Each Disbursement this Period 3420.83
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. XCEL HR		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 250 EXCHANGE PLACE STE B		Transaction ID : SB23015
City HERNDON	State VA	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Amount of Each Disbursement this Period 6038.62
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 200 VESEY STREET		Transaction ID : SB23033
City NEW YORK	State NY	
Purpose of Disbursement CREDIT CARD PROCESSING FEES	Candidate Name	Amount of Each Disbursement this Period 1897.67
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 11357.12

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

**SCHEDULE B-P
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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. BERNSTEIN SHUR SAWYER & NELSON PA		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address PO BOX 1120		Transaction ID : SB23030
City MANCHESTER	State NH	
Purpose of Disbursement LEGAL CONSULTING		Amount of Each Disbursement this Period 1403.78
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 1593 SPRING HILL ROAD, SUITE 400		Transaction ID : SB23031
City TYSONS CORNER	State VA	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		Amount of Each Disbursement this Period 400.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. THE LAUDERBACK GROUP		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 1307 ELTON LN		Transaction ID : SB23032
City AUSTIN	State TX	
Purpose of Disbursement FINANCE CONSULTING		Amount of Each Disbursement this Period 3569.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... → 5372.78

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. SARAH ISGUR		Date of Disbursement MM / DD / YYYY 03 / 11 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23037
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4055.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. JETT JENNIFER		Date of Disbursement MM / DD / YYYY 03 / 11 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23039
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1315.54
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. FRANK SADLER		Date of Disbursement MM / DD / YYYY 03 / 11 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23036
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4141.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 9513.20

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial)

A. BRIDGET SPURLOCK

Mailing Address 1220 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	6

Transaction ID : SB23038

Amount of Each Disbursement this Period

1	0	5	2	.	4	1
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. XCEL HR

Mailing Address 250 EXCHANGE PLACE STE B

City HERNDON State VA Zip Code 20170

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	6

Transaction ID : SB23034

Amount of Each Disbursement this Period

4	0	2	8	.	5	5
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. XCEL HR

Mailing Address 250 EXCHANGE PLACE STE B

City HERNDON State VA Zip Code 20170

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	6

Transaction ID : SB23035

Amount of Each Disbursement this Period

2	1	7	7	.	3	5
---	---	---	---	---	---	---

Memo Item

Subtotal Of Receipts This Page (optional).....

7	2	5	8	.	3	1
---	---	---	---	---	---	---

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

7	2	5	8	.	3	1
---	---	---	---	---	---	---

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. SPURLOCK BRIDGET		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 1020 N FAIRFAX STE 200		Transaction ID : SB23048
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 357.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. CASEY ENDERS		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23041
City ALEXANDRIA	State VA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. ANNA EPSTEIN		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 1220 N FAIRFAX ST STE 200		Transaction ID : SB23040
City ALEXANDRIA	State VA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 10357.78

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. SARAH ISGUR-FLORES		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 1020 N FAIRFAX STE 200		Transaction ID : SB23044
City ALEXANDRIA	State VA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period 5000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. JENNIFER JETT		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 1020 N FAIRFAX STE 200		Transaction ID : SB23049
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 9.81
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. INSIGHT COMMUNICATIONS		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 2740 S. GLASS STREET		Transaction ID : SB23042
City SIOUX CITY	State IA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period 7500.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 12509.81

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. LIGHT PRODUCTIONS INC		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 1350 BEVERLY RD STE 115-266		Transaction ID : SB23043
City MCLEAN	State VA	
Purpose of Disbursement PHOTOGRPAHY SERVICE	Candidate Name	Amount of Each Disbursement this Period 250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. STATECRAFT PLLC		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 649 N 4TH AVE STE B		Transaction ID : SB23045
City PHOENIX	State AZ	
Purpose of Disbursement LEGAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 26451.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. XCEL HR		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 250 EXCHANGE PLACE STE B		Transaction ID : SB23046
City HERNDON	State VA	
Purpose of Disbursement PAYROLL SERVICE	Candidate Name	Amount of Each Disbursement this Period 70.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 26771.65

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. XCEL HR		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 250 EXCHANGE PLACE STE B		Transaction ID : SB23047
City HERNDON	State VA	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Amount of Each Disbursement this Period 38.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER RANTS		Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 2740 S GLASS		Transaction ID : SB23050
City SOUIX CITY	State IA	
Purpose of Disbursement DELIVERY	Candidate Name	Amount of Each Disbursement this Period 181.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. UPS STORE		Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 55 GLENLAKE PARKWAY NE		Transaction ID : SB23CR0001
City ATLANTA	State GA	
Purpose of Disbursement DELIVERY	Candidate Name	Amount of Each Disbursement this Period 181.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional).....	219.41
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement MM / DD / YYYY 03 / 21 / 2016
Mailing Address 2700 Coast Ave		Transaction ID : SB23051
City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 39.95	
Purpose of Disbursement SUBSCRIPTION	Candidate Name	<input type="checkbox"/> Memo Item
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. H LAUREN CARNEY		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 30 NORWAY HILL ROAD		Transaction ID : SB23054
City HANCOCK State NH Zip Code 03449	Amount of Each Disbursement this Period 8000.00	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	<input type="checkbox"/> Memo Item
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. LAUREN EHRSAM		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 148 N EARLY ST		Transaction ID : SB23052
City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period 6000.00	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	<input type="checkbox"/> Memo Item REISSUE
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 Receipts This Page (optional)..... 14039.95

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. LAUREN EHRSAM		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 148 N EARLY ST		Transaction ID : SB23055
City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period 4713.13	
Purpose of Disbursement TRAVEL	Candidate Name	Memo Item REISSUE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. LAUREN EHRSAM		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 148 N EARLY ST		Transaction ID : SB23069
City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period -6000.00	
Purpose of Disbursement VOID-LOST CHECK	Candidate Name	Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. LAUREN EHRSAM		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 148 N EARLY ST		Transaction ID : SB23070
City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period -4713.13	
Purpose of Disbursement VOID-LOST CHECK	Candidate Name	Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... → 6000.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. SARAH ISGUR		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 1020 N FAIRFAX STE 200		Transaction ID : SB23064
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4055.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. JENNIFER JETT		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 1020 N FAIRFAX STE 200		Transaction ID : SB23066
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1323.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. FRANK SADLER		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 1020 N FAIRFAX STE 200		Transaction ID : SB23053
City ALEXANDRIA	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 3252.49
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 8631.25

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. 0 STEAK AND SEAFOOD		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 11 S MAIN ST		Transaction ID : SB23FS007
City CONCORD	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 160.23
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. BARLEY HOUSE		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 132 N MAIN ST		Transaction ID : SB23FS002
City CONCORD	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 265.06
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. BEDFORD VILLAGE INN		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 2 OLDE BEDFORD WAY		Transaction ID : SB23FS005
City BEDFORD	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 67.31
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. COPPER DOOR		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 15 LEAVY DRIVE		Transaction ID : SB23FS001
City BEDFORD	State NH	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 671.82
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. DUCK CITY BISTRO		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 115 E 3RD ST		Transaction ID : SB23FS004
City DAVENPORT	State IA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 478.83
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. HIGH COTTON RESTAURANT		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 199 E BAY ST		Transaction ID : SB23FS006
City CHARLESTON	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 634.51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. JOHNNYS ITALIAN STEAKHOUSE		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 6800 FLEUR DR		Transaction ID : SB23FS003
City DES MOINES	State IA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 479.38
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. FRANK SADLER		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 1020 N FAIRFAX STE 200		Transaction ID : SB23063
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4141.86
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. BRIDGET SPURLOCK		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 1020 N FAIRFAX STE 200		Transaction ID : SB23065
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1335.37
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 Receipts This Page (optional)..... 5477.23

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

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ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. BB&T BANK		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 2200 WILSON BLVD STE 100		Transaction ID : SB23060
City ARLINGTON	State VA	
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period 70.00
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. RAY-FRE SENIOR CITIZENS CLUB INC		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address PO BOX 252		Transaction ID : SB23056
City RAYMOND	State NH	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 200.00
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. SCREENSCAPE STUDIOS		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 4800 CORPORATE DRIVE, WEST		Transaction ID : SB23057
City DES MOINES	State IA	
Purpose of Disbursement MEDIA	Candidate Name	Amount of Each Disbursement this Period 2675.00
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 Receipts This Page (optional)..... 2945.00

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

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ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. SJ ROLLINS TECHNOLOGIES INC		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 242 STATE STREET		Transaction ID : SB23058
City BANGOR State ME Zip Code 04401	Amount of Each Disbursement this Period 340.00	
Purpose of Disbursement NETWORK SERVICES/EQUIPMENT	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. TUSK DIGITAL		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 718 7TH STREET NW, 2ND FLOOR		Transaction ID : SB23059
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 2275.63	
Purpose of Disbursement FINANCE CONSULTING	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. XCEL HR		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 250 EXCHANGE PLACE STE B		Transaction ID : SB23061
City HERNDON State VA Zip Code 20170	Amount of Each Disbursement this Period 4506.71	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 7122.34

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. XCEL HR		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 250 EXCHANGE PLACE STE B		Transaction ID : SB23062
City HERNDON	State VA	
Purpose of Disbursement PAYROLL SERVICE	Candidate Name	Amount of Each Disbursement this Period 2237.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. SARAH ISGUR		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 1020 N FAIRFAX STE 200		Transaction ID : SB23067
City ALEXANDRIA	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1191.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 2702 LOVE FIELD		Transaction ID : SB23067SI
City DALLAS	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1191.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 3429.40

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. BB&T BANK		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 2200 WILSON BLVD STE 100		Transaction ID : SB23068
City ARLINGTON	State VA	
Purpose of Disbursement CREDIT CARD PAYMENT	Candidate Name	Amount of Each Disbursement this Period 21483.33
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. ADOBE		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 345 PARK AVE		Transaction ID : SB23CC0330025
City SAN JOSE	State CA	
Purpose of Disbursement SUBSCRIPTION	Candidate Name	Amount of Each Disbursement this Period 29.98
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. AVIS		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 6 YLVAN WAY # 1		Transaction ID : SB23CC0330026
City Parsippany	State NJ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 3075.69
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 Receipts This Page (optional).....	21483.33
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. BARLEY HOUSE		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 132 N MAIN ST		Transaction ID : SB23CC0330027
City CONCORD	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 36.61
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. CENTROLINA		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 974 PALMER ALLEY NW		Transaction ID : SB23CC0330001
City WASHINGTON	State DC	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 203.44
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. COMCAST		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 370 S PICKET ST		Transaction ID : SB23CC0330002
City ALEXANDRIA	State VA	
Purpose of Disbursement SUBSCRIPTION	Candidate Name	Amount of Each Disbursement this Period 627.25
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 Receipts This Page (optional)..... 0.00

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

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. CROWNE PLAZA HOTEL		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23CC0330003
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 160.16	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
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. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 1275 K ST NW #1200		Transaction ID : SB23CC0330004
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 947.60	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
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. DOMINO'S		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 30 FRANK LLOYD WRIGHT DR		Transaction ID : SB23CC0330006
City ANN ARBOR State MI Zip Code 48105	Amount of Each Disbursement this Period 119.32	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
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 Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 3 GALLERIA TOWER		Transaction ID : SB23CC0330007
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 379.78	
Purpose of Disbursement DELIVERY	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GOGOIR.COM		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 111 N CANAL ST SUITE 1500		Transaction ID : SB23CC0330008
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 179.85	
Purpose of Disbursement INTERNET SERVICES	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HARRIS TEETER		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 3903 FAIR RIDGE DRIVE		Transaction ID : SB23CC0330009
City FAIRFAX State VA Zip Code 22033	Amount of Each Disbursement this Period 139.74	
Purpose of Disbursement TRAVEL	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. HILTON		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 7930 JONES BRANCH DR #1100		Transaction ID : SB23CC0330010
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 116.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. IOWA SIGN CO		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 5907 MEREDITH DRIVE, SUITE B		Transaction ID : SB23CC0330011
City URBANDALE	State IA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. MAILCHIMP		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 675 PONCE DE LEON AVE NE STE 5000		Transaction ID : SB23CC0330012
City ATLANTA	State GA	
Purpose of Disbursement SUBSCRIPTION	Candidate Name	Amount of Each Disbursement this Period 90.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. MASON SOCIAL		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 728 N HENRY ST		Transaction ID : SB23CC0330013
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 279.20
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. RENDEZ-VOUS LIMOUSINE		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 5601 SEMINARY ROAD, APT 2112		Transaction ID : SB23CC0330014
City FALLS CHURCH	State VA	
Zip Code 22041	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 2117.07
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. RESIDENCE INNS		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 8330 CORPORATE DR		Transaction ID : SB23CC0330015
City HYATTSVILLE	State MD	
Zip Code 20785	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 4407.08
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. SAFEGUARD SHREDDING		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address PO BOX 3219		Transaction ID : SB23CC0330016
City OAKTON	State VA	
Zip Code 22124	Purpose of Disbursement SUBSCRIPTION	Amount of Each Disbursement this Period 110.00
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SHELL OIL		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 1000 MAIN STREET, 12TH FLOOR		Transaction ID : SB23CC0330017
City HOUSTON	State TX	
Zip Code 77002	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 34.60
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 2702 LOVE FIELD DR		Transaction ID : SB23CC0330018
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 118.00
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

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ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. START MEETING		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address PO BOX 41069		Transaction ID : SB23CC0330019
City LONG BEACH	State CA	
Zip Code 90853	Purpose of Disbursement CONFERENCE CALL SERVICE	Amount of Each Disbursement this Period 74.75
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. THE CENTENNIAL HOTEL		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 96 PLEASANT ST		Transaction ID : SB23CC0330020
City CONCORD	State NH	
Zip Code 03301	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 3273.99
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. THE DERRYFIELD RESTAURANT		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 625 MAMMOTH RD		Transaction ID : SB23CC0330005
City MANCHESTER	State NH	
Zip Code 03104	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 2095.50
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 1455 MARKET ST		Transaction ID : SB23CC0330021
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 404.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 475 L'ENFANT PLZ SW		Transaction ID : SB23CC0330022
City WASHINGTON	State DC	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 12.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 2 VERIZON PL		Transaction ID : SB23CC0330024
City Alpharetta	State GA	
Purpose of Disbursement PHONE SERVICE	Candidate Name	Amount of Each Disbursement this Period 45.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 555 AIRPORT BLVD		Transaction ID : SB23CC0330023
City BURLINGAME State CA Zip Code 94010	Amount of Each Disbursement this Period 177.60	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	Candidate Name	<input type="checkbox"/> Memo Item
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	Candidate Name	<input type="checkbox"/> Memo Item
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 Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only)..... 351676.30

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
CARLY FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. CARLY FOR AMERICA		Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 700 S WASHINGTON ST STE 310		Transaction ID : SB29001
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 50000.00	
Purpose of Disbursement TRANSFER OF EXCESS FUNDS	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

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

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

Subtotal Of Receipts This Page (optional).....	50000.00
Total This Period (last page this line number only).....	50000.00