

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00610568 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CARLY FOR AMERICA

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="4050.74"/>	<input type="text" value="4050.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="243163.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="180121.37"/>	<input type="text" value="807738.07"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="423284.38"/>	<input type="text" value="811788.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="296097.50"/>	<input type="text" value="684601.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="127186.88"/>	<input type="text" value="127186.88"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CARLY FOR AMERICA

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3.00	1205.33
(ii) Unitemized	160.00	637.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	163.00	1842.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	50936.87
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	163.00	52779.70
12. Transfers From Affiliated/Other Party Committees.....	146425.49	721425.49
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	33532.88	33532.88
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	180121.37	807738.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	180121.37	807738.07

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	290965.00	639423.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	290965.00	639423.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	132.50	40178.93
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	296097.50	684601.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	296097.50	684601.93

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	163.00	52779.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	163.00	52779.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	290965.00	639423.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	33532.88	33532.88
38. Net Operating Expenditures (subtract Line 37 from Line 36)	257432.12	605890.12

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

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

FOR LINE NUMBER: PAGE 6 OF 72
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

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

Mailing Address 10427 HARNWELL CROSSING DR

City SPRING	State TX	Zip Code 77379-8450
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.33

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	14	/	2017

Transaction ID : SA11A.347215

Amount of Each Receipt this Period

3.00

Memo Item
CONTRIBUTION

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

--

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

--

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3.00
TOTAL This Period (last page this line number only).....	3.00

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

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

FOR LINE NUMBER: PAGE 7 OF 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. CARLY FOR PRESIDENT
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1020 N FAIRFAX ST STE 200
 City ALEXANDRIA State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C** C00577312
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 721425.49

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2017
Transaction ID : SA12.8550
 Amount of Each Receipt this Period
 146425.49
 Memo Item
AFFILIATED COMMITTEE TRANSFER

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	146425.49
TOTAL This Period (last page this line number only).....▶	146425.49

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 72
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. XCELHR		Date of Receipt
Mailing Address 7361 CALHOUN PL STE 600		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City ROCKVILLE	State MD	Zip Code 20855
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA15.8552
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="189.74"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item REFUND OF INSURANCE PREMIUMS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="33532.88"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. XCELHR		Date of Receipt
Mailing Address 7361 CALHOUN PL STE 600		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City ROCKVILLE	State MD	Zip Code 20855
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA15.8555
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="33343.14"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item REFUND
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="33532.88"/>	

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

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="33532.88"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="33532.88"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ED GILLESPIE FOR GOVERNOR

Mailing Address PO BOX 71596

City
RICHMOND

State
VA

Zip Code
23255

Purpose of Disbursement
CONTRIBUTION (NON-FEDERAL)

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
10			31			2017			

FEC Identification Number

C []

Transaction ID : SB21B.I8584

Amount of Each Disbursement this Period

[] 10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PAHLS, ERIC, , ,

Mailing Address 701 2ND ST NE
APT 729

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2017			

FEC Identification Number

C []

Transaction ID : SB21B.I8590

Amount of Each Disbursement this Period

[] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 300 S WASHINGTON LLC

Mailing Address 1356 BEVERLY RD
STE 250

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
RENT

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
12			18			2017			

FEC Identification Number

C []

Transaction ID : SB21B.I8556

Amount of Each Disbursement this Period

[] 17500.00

Memo Item

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

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

[] 30000.00

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.I8557
Amount of Each Disbursement this Period
5502.60

Memo Item

Full Name (Last, First, Middle Initial)

B. BENJAMIN STEAK HOUSE

Mailing Address 52 E 41ST ST

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.I8652
Amount of Each Disbursement this Period
83.68
AMEX 7/7

Memo Item

Full Name (Last, First, Middle Initial)

C. BENJAMIN STEAK HOUSE

Mailing Address 52 E 41ST ST

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.I8653
Amount of Each Disbursement this Period
838.22
AMEX 7/7

Memo Item

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

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

5502.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8665

Amount of Each Disbursement this Period: 59.06

AMEX 7/7

Memo Item

B. MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8676

Amount of Each Disbursement this Period: 1112.71

AMEX 7/7

Memo Item

C. MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8677

Amount of Each Disbursement this Period: 36.11

AMEX 7/7

Memo Item

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8679

Amount of Each Disbursement this Period: 31.22

AMEX 7/7

Memo Item

B. MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8680

Amount of Each Disbursement this Period: 393.99

AMEX 7/7

Memo Item

C. MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8681

Amount of Each Disbursement this Period: 769.03

AMEX 7/7

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. SONOMA RESTAURANT

Full Name (Last, First, Middle Initial)

Mailing Address 223 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

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

State: District:

Date of Disbursement: 06 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8683

Amount of Each Disbursement this Period: 456.95

AMEX 7/7

Memo Item

B. THE SMITH

Full Name (Last, First, Middle Initial)

Mailing Address 1900 BROADWAY

City NEW YORK State NY Zip Code 10023

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

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

State: District:

Date of Disbursement: 05 / 23 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8648

Amount of Each Disbursement this Period: 211.00

AMEX 7/7

Memo Item

C. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

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

State: District:

Date of Disbursement: 05 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8651

Amount of Each Disbursement this Period: 24.94

AMEX 7/7

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 06 / 07 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8666 Amount of Each Disbursement this Period [REDACTED] 15.82 AMEX 7/7
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8668 Amount of Each Disbursement this Period [REDACTED] 14.89 AMEX 7/7
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 06 / 13 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8682 Amount of Each Disbursement this Period [REDACTED] 10.42 AMEX 7/7
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City
CHICAGO

State
IL

Zip Code
60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	3			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8661

Amount of Each Disbursement this Period

[REDACTED] 506.40

AMEX 7/7

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City
NEW YORK

State
NY

Zip Code
10285

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8558

Amount of Each Disbursement this Period

[REDACTED] 1305.24

Memo Item

Full Name (Last, First, Middle Initial)

C. SHERATON

Mailing Address 1 STARPOINT

City
STAMFORD

State
CT

Zip Code
06902

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	0			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8688

Amount of Each Disbursement this Period

[REDACTED] 1177.51

AMEX 8/7

Memo Item

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

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

[REDACTED] 1305.24

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8685

Amount of Each Disbursement this Period: 17.17

AMEX 8/7

Memo Item

B. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8686

Amount of Each Disbursement this Period: 55.58

AMEX 8/7

Memo Item

C. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8687

Amount of Each Disbursement this Period: 6.98

AMEX 8/7

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City
NEW YORK

State
NY

Zip Code
10285

Purpose of Disbursement
CREDIT CARD PAYMENT

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
10			10			2017			

FEC Identification Number

C

Transaction ID : SB21B.I8559

Amount of Each Disbursement this Period

8612.01

Memo Item

Full Name (Last, First, Middle Initial)

B. AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2017			

FEC Identification Number

C

Transaction ID : SB21B.I8717

Amount of Each Disbursement this Period

617.00

AMEX 10/10

Memo Item

Full Name (Last, First, Middle Initial)

C. AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2017			

FEC Identification Number

C

Transaction ID : SB21B.I8718

Amount of Each Disbursement this Period

617.00

AMEX 10/10

Memo Item

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

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

8612.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)
A. AMTRAK

Date of Disbursement: MM / DD / YYYY
09 / 14 / 2017

Mailing Address: 60 MASSACHUSETTS AVE NE

City: WASHINGTON State: DC Zip Code: 20002

Purpose of Disbursement: TRAVEL

Candidate Name: _____

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

State: _____ District: _____

FEC Identification Number: C
Transaction ID : SB21B.I8723
Amount of Each Disbursement this Period: 29.00
AMEX 10/10
 Memo Item

Full Name (Last, First, Middle Initial)
B. CHARLIE PALMER STEAK HOUSE

Date of Disbursement: MM / DD / YYYY
09 / 12 / 2017

Mailing Address: 101 CONSTITUTION AVE NW

City: WASHINGTON State: DC Zip Code: 20001

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name: _____

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

State: _____ District: _____

FEC Identification Number: C
Transaction ID : SB21B.I8716
Amount of Each Disbursement this Period: 700.00
AMEX 10/10
 Memo Item

Full Name (Last, First, Middle Initial)
C. DELL MARKETING

Date of Disbursement: MM / DD / YYYY
08 / 30 / 2017

Mailing Address: 1 DELL WAY

City: ROUND ROCK State: TX Zip Code: 78682

Purpose of Disbursement: COMPUTER

Candidate Name: _____

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

State: _____ District: _____

FEC Identification Number: C
Transaction ID : SB21B.I8699
Amount of Each Disbursement this Period: 2620.49
AMEX 10/10
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DIRECT TRAVEL

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	7		2	0	1	7		

Mailing Address 7430 E CALEY AVE
SUITE 320E

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8698
Amount of Each Disbursement this Period

[REDACTED] 317.95

City CENTENNIAL State CO Zip Code 80111

Purpose of Disbursement
TRAVEL

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

AMEX 10/10

Memo Item

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	9		2	0	1	7		

Mailing Address 3 RAVINIA DR. STE 100

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8711
Amount of Each Disbursement this Period

[REDACTED] 256.45

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement
TRAVEL

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

AMEX 10/10

Memo Item

Full Name (Last, First, Middle Initial)

C. HOTELS.COM

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	1		2	0	1	7		

Mailing Address 5400 LBJ FREEWAY, SUITE 500

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8715
Amount of Each Disbursement this Period

[REDACTED] 290.87

City DALLAS State TX Zip Code 75240

Purpose of Disbursement
TRAVEL

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

AMEX 10/10

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. OMNI HOTELS

Mailing Address 4001 MAPLE AVE

City
DALLAS

State
TX

Zip Code
75219

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.I8693

Amount of Each Disbursement this Period

1237.27

AMEX 10/10

Memo Item

Full Name (Last, First, Middle Initial)

B. OMNI HOTELS

Mailing Address 4001 MAPLE AVE

City
DALLAS

State
TX

Zip Code
75219

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.I8724

Amount of Each Disbursement this Period

75.53

AMEX 10/10

Memo Item

Full Name (Last, First, Middle Initial)

C. OMNI HOTELS

Mailing Address 4001 MAPLE AVE

City
DALLAS

State
TX

Zip Code
75219

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.I8727

Amount of Each Disbursement this Period

810.56

AMEX 10/10

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PARCEL PLACE PLUS

Mailing Address 7580 METROPOLITAN DR
STE 200

City SAN DIEGO State CA Zip Code 92108

Purpose of Disbursement
SHIPPING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8704

Amount of Each Disbursement this Period

251.65

AMEX 10/10

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8689

Amount of Each Disbursement this Period

23.59

AMEX 10/10

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8690

Amount of Each Disbursement this Period

17.04

AMEX 10/10

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 07 / 26 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8691 Amount of Each Disbursement this Period [REDACTED] 3.00 AMEX 10/10
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 07 / 26 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8692 Amount of Each Disbursement this Period [REDACTED] 36.96 AMEX 10/10
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8694 Amount of Each Disbursement this Period [REDACTED] 20.47 AMEX 10/10
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement CAB FARE	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CAB FARE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8695
Amount of Each Disbursement this Period

[REDACTED] 15.15

AMEX 10/10

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CAB FARE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8696
Amount of Each Disbursement this Period

[REDACTED] 2.00

AMEX 10/10

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CAB FARE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8697
Amount of Each Disbursement this Period

[REDACTED] 33.12

AMEX 10/10

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB21B.I8708
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement CAB FARE		Amount of Each Disbursement this Period [] 46.13
Candidate Name		Category/Type []
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) ▼	AMEX 10/10
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 08 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB21B.I8710
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement CAB FARE		Amount of Each Disbursement this Period [] 62.10
Candidate Name		Category/Type []
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) ▼	AMEX 10/10
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 10 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB21B.I8712
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement CAB FARE		Amount of Each Disbursement this Period [] 3.00
Candidate Name		Category/Type []
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) ▼	AMEX 10/10
State: District:		<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CAB FARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8713

Amount of Each Disbursement this Period

13.67

AMEX 10/10

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CAB FARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8714

Amount of Each Disbursement this Period

43.64

AMEX 10/10

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CAB FARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8719

Amount of Each Disbursement this Period

15.00

AMEX 10/10

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 14 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8720
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement CAB FARE		Amount of Each Disbursement this Period [REDACTED] 2.00
Candidate Name		Category/Type [REDACTED]
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:		AMEX 10/10

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 14 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8721
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement CAB FARE		Amount of Each Disbursement this Period [REDACTED] 15.00
Candidate Name		Category/Type [REDACTED]
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:		AMEX 10/10

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 14 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8722
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement CAB FARE		Amount of Each Disbursement this Period [REDACTED] 15.00
Candidate Name		Category/Type [REDACTED]
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:		AMEX 10/10

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 14 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8725 Amount of Each Disbursement this Period [REDACTED] 117.70 AMEX 10/10
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement CAB FARE	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 14 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8726 Amount of Each Disbursement this Period [REDACTED] 38.89 AMEX 10/10
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement CAB FARE	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 18 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8729 Amount of Each Disbursement this Period [REDACTED] 17.08 AMEX 10/10
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement CAB FARE	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017
Mailing Address P.O. BOX 06649		FEC Identification Number C [] Transaction ID : SB21B.I8700
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Category/Type []
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: []	AMEX 10/10

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017
Mailing Address P.O. BOX 06649		FEC Identification Number C [] Transaction ID : SB21B.I8701
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [] 1044.20
Candidate Name		Category/Type []
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: []	AMEX 10/10

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017
Mailing Address P.O. BOX 06649		FEC Identification Number C [] Transaction ID : SB21B.I8702
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [] 1044.20
Candidate Name		Category/Type []
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: []	AMEX 10/10

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8703 Amount of Each Disbursement this Period 25.00 AMEX 10/10 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 03 / 2017
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8705 Amount of Each Disbursement this Period - 1044.20 AMEX 10/10 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 03 / 2017
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8706 Amount of Each Disbursement this Period - 1044.20 AMEX 10/10 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

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

State: District:

Date of Disbursement: 11 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8560

Amount of Each Disbursement this Period: 721.54

Memo Item

B. AMTRAK

Full Name (Last, First, Middle Initial)
Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

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

State: District:

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8740

Amount of Each Disbursement this Period: 241.00

AMEX 11/7

Memo Item

C. DELL MARKETING

Full Name (Last, First, Middle Initial)
Mailing Address 1 DELL WAY

City ROUND ROCK State TX Zip Code 78682

Purpose of Disbursement COMPUTER

Candidate Name

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

State: District:

Date of Disbursement: 10 / 20 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8746

Amount of Each Disbursement this Period: 2428.97

AMEX 11/7

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 721.54

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DELL MARKETING

Mailing Address 1 DELL WAY

City ROUND ROCK State TX Zip Code 78682

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8748

Amount of Each Disbursement this Period

[REDACTED] - 2620.49

AMEX 11/7

Memo Item

Full Name (Last, First, Middle Initial)

B. PARCEL PLACE PLUS

Mailing Address 7580 METROPOLITAN DR STE 200

City SAN DIEGO State CA Zip Code 92108

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			23			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8731

Amount of Each Disbursement this Period

[REDACTED] 129.18

AMEX 11/7

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement CAB FARE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8732

Amount of Each Disbursement this Period

[REDACTED] 36.46

AMEX 11/7

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 24 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8733 Amount of Each Disbursement this Period 29.75
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement CAB FARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item AMEX 11/7	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 24 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8734 Amount of Each Disbursement this Period 23.65
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement CAB FARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item AMEX 11/7	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8735 Amount of Each Disbursement this Period 48.03
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item AMEX 11/7	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 28 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8736
Amount of Each Disbursement this Period: 61.18
AMEX 11/7
 Memo Item

B. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 28 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8737
Amount of Each Disbursement this Period: 16.72
AMEX 11/7
 Memo Item

C. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 03 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8738
Amount of Each Disbursement this Period: 14.33
AMEX 11/7
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8739

Amount of Each Disbursement this Period

[REDACTED] 36.34

AMEX 11/7

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8741

Amount of Each Disbursement this Period

[REDACTED] 16.94

AMEX 11/7

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8742

Amount of Each Disbursement this Period

[REDACTED] 10.04

AMEX 11/7

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8743

Amount of Each Disbursement this Period: 1.00

AMEX 11/7

Memo Item

B. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8744

Amount of Each Disbursement this Period: 16.88

AMEX 11/7

Memo Item

C. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8745

Amount of Each Disbursement this Period: 37.45

AMEX 11/7

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 22 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8747 Amount of Each Disbursement this Period 15.91 AMEX 11/7
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 09 / 23 / 2017
Mailing Address 555 AIRPORT BLVD FL2		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8730 Amount of Each Disbursement this Period 178.20 AMEX 11/7
City BURLINGAME	State CA	Zip Code 94010
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017
Mailing Address 200 VESEY ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8561 Amount of Each Disbursement this Period 4085.71
City NEW YORK	State NY	Zip Code 10285
Purpose of Disbursement CREDIT CARD PAYMENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4085.71
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. AMTRAK

Full Name (Last, First, Middle Initial)

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8749

Amount of Each Disbursement this Period: 330.00

AMEX 12/7

Memo Item

B. AMTRAK

Full Name (Last, First, Middle Initial)

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8750

Amount of Each Disbursement this Period: 1320.00

AMEX 12/7

Memo Item

C. JETBLUE

Full Name (Last, First, Middle Initial)

Mailing Address 2701 QUEENS PLZ N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8754

Amount of Each Disbursement this Period: 558.39

AMEX 12/7

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. JETBLUE

Full Name (Last, First, Middle Initial)

Mailing Address 2701 QUEENS PLZ N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8755

Amount of Each Disbursement this Period: 558.39

AMEX 12/7

Memo Item

B. JETBLUE

Full Name (Last, First, Middle Initial)

Mailing Address 2701 QUEENS PLZ N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8756

Amount of Each Disbursement this Period: 45.00

AMEX 12/7

Memo Item

C. JETBLUE

Full Name (Last, First, Middle Initial)

Mailing Address 2701 QUEENS PLZ N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8757

Amount of Each Disbursement this Period: 45.00

AMEX 12/7

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8751 Amount of Each Disbursement this Period [REDACTED] 25.55 AMEX 12/7
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8752 Amount of Each Disbursement this Period [REDACTED] 21.11 AMEX 12/7
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8753 Amount of Each Disbursement this Period [REDACTED] 21.97 AMEX 12/7
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 14 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8758 Amount of Each Disbursement this Period [REDACTED] 240.92 AMEX 12/7
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 17 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8763 Amount of Each Disbursement this Period [REDACTED] 17.05 AMEX 12/7
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 17 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8764 Amount of Each Disbursement this Period [REDACTED] 59.78 AMEX 12/7
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 18 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8765 Amount of Each Disbursement this Period [REDACTED] 27.17 AMEX 12/7
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 19 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8766 Amount of Each Disbursement this Period [REDACTED] 44.71 AMEX 12/7
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 19 / 2017
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8767 Amount of Each Disbursement this Period [REDACTED] 59.25 AMEX 12/7
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)..... ▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only)..... ▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. WYNDHAM HOTEL

Full Name (Last, First, Middle Initial)
Mailing Address 22 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 16 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8760
Amount of Each Disbursement this Period: 288.15
AMEX 12/7
 Memo Item

B. WYNDHAM HOTEL

Full Name (Last, First, Middle Initial)
Mailing Address 22 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 16 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8761
Amount of Each Disbursement this Period: 288.15
AMEX 12/7
 Memo Item

C. BARRY MORGENSTEIN PHOTOGRAPHY

Full Name (Last, First, Middle Initial)
Mailing Address 135 W 26TH ST STE 10C

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement PHOTOGRAPHY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 16 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8562
Amount of Each Disbursement this Period: 2721.88
Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2721.88

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CARDMEMBER SERVICES

Mailing Address PO BOX 1423

City
CHARLOTTE

State
NC

Zip Code
28201

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	9			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8563

Amount of Each Disbursement this Period

[REDACTED] 5313.08

Memo Item

Full Name (Last, First, Middle Initial)

B. RENDEZ VOUS CAR SERVICE

Mailing Address 1775 I ST NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
CAR SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	0			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8616

Amount of Each Disbursement this Period

[REDACTED] 461.85
CARDMEMBER 11/29

Memo Item

Full Name (Last, First, Middle Initial)

C. RENDEZ VOUS CAR SERVICE

Mailing Address 1775 I ST NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
CAR SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	0			2	0	1	7		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8617

Amount of Each Disbursement this Period

[REDACTED] 154.05
CARDMEMBER 11/29

Memo Item

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

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

[REDACTED] 5313.08

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

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

State: District:

Date of Disbursement: 11 / 02 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8618
Amount of Each Disbursement this Period: 167.73
CARDMEMBER 11/29

Memo Item

B. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

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

State: District:

Date of Disbursement: 10 / 30 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8619
Amount of Each Disbursement this Period: 167.73
CARDMEMBER 11/29

Memo Item

C. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

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

State: District:

Date of Disbursement: 10 / 30 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8620
Amount of Each Disbursement this Period: 167.73
CARDMEMBER 11/29

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

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

State: District:

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8621
Amount of Each Disbursement this Period: 181.41
CARDMEMBER 11/29

Memo Item

B. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

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

State: District:

Date of Disbursement: 10 / 24 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8622
Amount of Each Disbursement this Period: 154.05
CARDMEMBER 11/29

Memo Item

C. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

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

State: District:

Date of Disbursement: 10 / 24 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8623
Amount of Each Disbursement this Period: 154.05
CARDMEMBER 11/29

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 10 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8624
Amount of Each Disbursement this Period: 154.05
CARDMEMBER 11/29

Memo Item

B. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 10 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8625
Amount of Each Disbursement this Period: 276.00
CARDMEMBER 11/29

Memo Item

C. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 10 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8626
Amount of Each Disbursement this Period: 154.05
CARDMEMBER 11/29

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
CAR SERVICE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8627

Amount of Each Disbursement this Period

[REDACTED] 167.73

CARDMEMBER 11/29

Memo Item

B. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
CAR SERVICE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8628

Amount of Each Disbursement this Period

[REDACTED] 154.05

CARDMEMBER 11/29

Memo Item

C. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
CAR SERVICE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8629

Amount of Each Disbursement this Period

[REDACTED] 167.73

CARDMEMBER 11/29

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8630
Amount of Each Disbursement this Period: 167.73
CARDMEMBER 11/29

Memo Item

B. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8631
Amount of Each Disbursement this Period: 167.73
CARDMEMBER 11/29

Memo Item

C. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8632
Amount of Each Disbursement this Period: 160.89
CARDMEMBER 11/29

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 1775 I ST NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
CAR SERVICE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 04 / 2017

FEC Identification Number

C
Transaction ID : SB21B.I8633
Amount of Each Disbursement this Period
167.73

CARDMEMBER 11/29

Memo Item

B. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 1775 I ST NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
CAR SERVICE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 04 / 2017

FEC Identification Number

C
Transaction ID : SB21B.I8634
Amount of Each Disbursement this Period
160.59

CARDMEMBER 11/29

Memo Item

C. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 1775 I ST NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
CAR SERVICE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B.I8635
Amount of Each Disbursement this Period
167.73

CARDMEMBER 11/29

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 1775 I ST NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
CAR SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8636

Amount of Each Disbursement this Period

167.73

CARDMEMBER 11/29

Memo Item

B. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 1775 I ST NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
CAR SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8637

Amount of Each Disbursement this Period

154.01

CARDMEMBER 11/29

Memo Item

C. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 1775 I ST NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
CAR SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2017

FEC Identification Number

C

Transaction ID : SB21B.I8638

Amount of Each Disbursement this Period

181.41

CARDMEMBER 11/29

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 18 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8639
Amount of Each Disbursement this Period: 167.73
CARDMEMBER 11/29

Memo Item

B. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 28 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8640
Amount of Each Disbursement this Period: 167.73
CARDMEMBER 11/29

Memo Item

C. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 23 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8641
Amount of Each Disbursement this Period: 167.73
CARDMEMBER 11/29

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

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

State: District:

Date of Disbursement: 06 / 14 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8642
Amount of Each Disbursement this Period: 319.84
CARDMEMBER 11/29

Memo Item

B. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

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

State: District:

Date of Disbursement: 06 / 14 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8643
Amount of Each Disbursement this Period: 158.24
CARDMEMBER 11/29

Memo Item

C. RENDEZ VOUS CAR SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 1775 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CAR SERVICE

Candidate Name

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

State: District:

Date of Disbursement: 06 / 14 / 2017

FEC Identification Number: C
Transaction ID : SB21B.I8644
Amount of Each Disbursement this Period: 154.05
CARDMEMBER 11/29

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 09 / 08 / 2017
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : SB21B.I8564
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement WIRE TRANSFER FEE		Amount of Each Disbursement this Period [] 20.00
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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : SB21B.I8565
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement WIRE TRANSFER FEE		Amount of Each Disbursement this Period [] 20.00
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) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 11 / 20 / 2017
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : SB21B.I8566
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement WIRE TRANSFER FEE		Amount of Each Disbursement this Period [] 20.00
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 Disbursements This Page (optional).....▶	[] 60.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK			Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 05 / 2017	
Mailing Address 1445-A LAUGHLIN AVE			FEC Identification Number C [] Transaction ID : SB21B.I8567 Amount of Each Disbursement this Period [] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/Type []	
Purpose of Disbursement WIRE TRANSFER FEE			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [] 20.00	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:				
Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK			Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 05 / 2017	
Mailing Address 1445-A LAUGHLIN AVE			FEC Identification Number C [] Transaction ID : SB21B.I8568 Amount of Each Disbursement this Period [] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/Type []	
Purpose of Disbursement WIRE TRANSFER FEE			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [] 20.00	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:				
Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK			Date of Disbursement M M / D D / Y Y Y Y Y Y 09 / 20 / 2017	
Mailing Address 1445-A LAUGHLIN AVE			FEC Identification Number C [] Transaction ID : SB21B.I8569 Amount of Each Disbursement this Period [] 20.00	
City MCLEAN	State VA	Zip Code 22101	Category/Type []	
Purpose of Disbursement WIRE TRANSFER FEE			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [] 20.00	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 60.00	
TOTAL This Period (last page this line number only)..... ▶			[]	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement MM / DD / YYYY 07 / 07 / 2017
Mailing Address 1593 SPRING HILL RDSTE 400 STE 400		FEC Identification Number C Transaction ID : SB21B.I8570 Amount of Each Disbursement this Period 250.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement DATABASE SERVICES	Candidate Name	Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement MM / DD / YYYY 07 / 07 / 2017
Mailing Address 1593 SPRING HILL RDSTE 400 STE 400		FEC Identification Number C Transaction ID : SB21B.I8571 Amount of Each Disbursement this Period 3574.12
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement DATABASE SERVICES	Candidate Name	Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement MM / DD / YYYY 08 / 04 / 2017
Mailing Address 1593 SPRING HILL RDSTE 400 STE 400		FEC Identification Number C Transaction ID : SB21B.I8572 Amount of Each Disbursement this Period 250.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement DATABASE SERVICES	Candidate Name	Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	4074.12
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2017

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8573

Amount of Each Disbursement this Period

[REDACTED] 3574.12

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2017

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8574

Amount of Each Disbursement this Period

[REDACTED] 250.00

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2017

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8575

Amount of Each Disbursement this Period

[REDACTED] 3574.12

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

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

[REDACTED] 7398.24

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8576

Amount of Each Disbursement this Period: 250.00

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8577

Amount of Each Disbursement this Period: 3574.12

Memo Item

C. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8578

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4074.12

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	06	/	2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8579

Amount of Each Disbursement this Period

[REDACTED] 3574.12

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	06	/	2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8580

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	05	/	2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8581

Amount of Each Disbursement this Period

[REDACTED] 3574.12

Memo Item

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

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

[REDACTED] 7398.24

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. ELECTION CFO, LLC				Date of Disbursement MM / DD / YYYY 10 / 02 / 2017	
Mailing Address P.O. BOX 26141					
City ALEXANDRIA		State VA	Zip Code 22313		
Purpose of Disbursement COMPLIANCE CONSULTING			<input type="checkbox"/>	FEC Identification Number C	
Candidate Name			Category/ Type	Transaction ID : SB21B.I8587 Amount of Each Disbursement this Period 2052.15	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:					
Full Name (Last, First, Middle Initial) B. ELECTION CFO, LLC				Date of Disbursement MM / DD / YYYY 11 / 02 / 2017	
Mailing Address P.O. BOX 26141					
City ALEXANDRIA		State VA	Zip Code 22313		
Purpose of Disbursement COMPLIANCE CONSULTING			<input type="checkbox"/>	FEC Identification Number C	
Candidate Name			Category/ Type	Transaction ID : SB21B.I8588 Amount of Each Disbursement this Period 2045.55	
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:					
Full Name (Last, First, Middle Initial) C. ELECTION CFO, LLC				Date of Disbursement MM / DD / YYYY 12 / 04 / 2017	
Mailing Address P.O. BOX 26141					
City ALEXANDRIA		State VA	Zip Code 22313		
Purpose of Disbursement COMPLIANCE CONSULTING			<input type="checkbox"/>	FEC Identification Number C	
Candidate Name			Category/ Type	Transaction ID : SB21B.I8589 Amount of Each Disbursement this Period 2059.20	
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 type="checkbox"/> Memo Item	
State: District:					
SUBTOTAL of Disbursements This Page (optional)..... ▶				6156.90	
TOTAL This Period (last page this line number only)..... ▶					

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. GOOGLE		Date of Disbursement MM / DD / YYYY 07 / 06 / 2017
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C Transaction ID : SB21B.I8591 Amount of Each Disbursement this Period 50.00
City MOUNTAIN VIEW	State CA	
Zip Code 94043		Memo Item <input type="checkbox"/>
Purpose of Disbursement ONLINE SERVICES	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. GOOGLE		Date of Disbursement MM / DD / YYYY 08 / 07 / 2017
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C Transaction ID : SB21B.I8592 Amount of Each Disbursement this Period 50.00
City MOUNTAIN VIEW	State CA	
Zip Code 94043		Memo Item <input type="checkbox"/>
Purpose of Disbursement ONLINE SERVICES	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. GOOGLE		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C Transaction ID : SB21B.I8593 Amount of Each Disbursement this Period 50.00
City MOUNTAIN VIEW	State CA	
Zip Code 94043		Memo Item <input type="checkbox"/>
Purpose of Disbursement ONLINE SERVICES	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. GOOGLE		Date of Disbursement MM / DD / YYYY 10 / 06 / 2017
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C Transaction ID : SB21B.I8594 Amount of Each Disbursement this Period 50.00
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement ONLINE SERVICES	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. GOOGLE		Date of Disbursement MM / DD / YYYY 11 / 06 / 2017
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C Transaction ID : SB21B.I8595 Amount of Each Disbursement this Period 50.00
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement ONLINE SERVICES	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. GOOGLE		Date of Disbursement MM / DD / YYYY 12 / 06 / 2017
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C Transaction ID : SB21B.I8596 Amount of Each Disbursement this Period 50.00
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement ONLINE SERVICES	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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 Disbursements This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. JOHNSON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 07 / 10 / 2017
Mailing Address 4612 DUSIK LN		FEC Identification Number C [] Transaction ID : SB21B.I8598
City AUSTIN	State TX	Zip Code 78746
Purpose of Disbursement STRATEGIC CONSULTANT		Amount of Each Disbursement this Period [] 8000.00
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. JOHNSON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 08 / 08 / 2017
Mailing Address 4612 DUSIK LN		FEC Identification Number C [] Transaction ID : SB21B.I8599
City AUSTIN	State TX	Zip Code 78746
Purpose of Disbursement STRATEGIC CONSULTANT		Amount of Each Disbursement this Period [] 8000.00
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) C. JOHNSON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 09 / 01 / 2017
Mailing Address 4612 DUSIK LN		FEC Identification Number C [] Transaction ID : SB21B.I8600
City AUSTIN	State TX	Zip Code 78746
Purpose of Disbursement STRATEGIC CONSULTANT		Amount of Each Disbursement this Period [] 8000.00
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 Disbursements This Page (optional).....▶	[] 24000.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. JOHNSON STRATEGIES LLC			Date of Disbursement MM / DD / YYYY 10 / 13 / 2017		
Mailing Address 4612 DUSIK LN			FEC Identification Number C [] Transaction ID : SB21B.I8601 Amount of Each Disbursement this Period 14000.00		
City AUSTIN	State TX	Zip Code 78746	Category/Type []		
Purpose of Disbursement STRATEGIC CONSULTANT		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) B. JOHNSON STRATEGIES LLC			Date of Disbursement MM / DD / YYYY 11 / 02 / 2017		
Mailing Address 4612 DUSIK LN			FEC Identification Number C [] Transaction ID : SB21B.I8602 Amount of Each Disbursement this Period 8000.00		
City AUSTIN	State TX	Zip Code 78746	Category/Type []		
Purpose of Disbursement STRATEGIC CONSULTANT		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) C. JOHNSON STRATEGIES LLC			Date of Disbursement MM / DD / YYYY 12 / 04 / 2017		
Mailing Address 4612 DUSIK LN			FEC Identification Number C [] Transaction ID : SB21B.I8603 Amount of Each Disbursement this Period 15152.52		
City AUSTIN	State TX	Zip Code 78746	Category/Type []		
Purpose of Disbursement STRATEGIC CONSULTANT		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

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

37152.52

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. MLJ CONSULTING, INC.		Date of Disbursement MM / DD / YYYY 08 / 08 / 2017
Mailing Address PO BOX 26402		FEC Identification Number C Transaction ID : SB21B.I8604 Amount of Each Disbursement this Period 10000.00
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement POLITICAL CONSULTING	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. MLJ CONSULTING, INC.		Date of Disbursement MM / DD / YYYY 09 / 08 / 2017
Mailing Address PO BOX 26402		FEC Identification Number C Transaction ID : SB21B.I8605 Amount of Each Disbursement this Period 10000.00
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement POLITICAL CONSULTING	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. MLJ CONSULTING, INC.		Date of Disbursement MM / DD / YYYY 09 / 20 / 2017
Mailing Address PO BOX 26402		FEC Identification Number C Transaction ID : SB21B.I8606 Amount of Each Disbursement this Period 10000.00
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement POLITICAL CONSULTING	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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 Disbursements This Page (optional).....▶	30000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. MLJ CONSULTING, INC.		Date of Disbursement MM / DD / YYYY 11 / 20 / 2017
Mailing Address PO BOX 26402		FEC Identification Number C [] Transaction ID : SB21B.I8607 Amount of Each Disbursement this Period 10000.00
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Disbursement POLITICAL CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MLJ CONSULTING, INC.		Date of Disbursement MM / DD / YYYY 12 / 05 / 2017
Mailing Address PO BOX 26402		FEC Identification Number C [] Transaction ID : SB21B.I8608 Amount of Each Disbursement this Period 10000.00
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Disbursement POLITICAL CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TARBELL COMPANIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 17 / 2017
Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R STE 500		FEC Identification Number C [] Transaction ID : SB21B.I8610 Amount of Each Disbursement this Period 434.42
City LANGHORN	State PA	Zip Code 19047
Purpose of Disbursement STRATEGIC CONSULTANT - EXPENSES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	20434.42
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. TARBELL COMPANIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 23 / 2017
Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R STE 500		FEC Identification Number C [] Transaction ID : SB21B.I8611 Amount of Each Disbursement this Period [] 175.48
City LANGHORN	State PA	Zip Code 19047
Purpose of Disbursement STRATEGIC CONSULTANT - EXPENSES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TUSK DIGITAL		Date of Disbursement MM / DD / YYYY 08 / 08 / 2017
Mailing Address 718 7TH ST NW FL 2		FEC Identification Number C [] Transaction ID : SB21B.I8612 Amount of Each Disbursement this Period [] 14632.52
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TUSK DIGITAL		Date of Disbursement MM / DD / YYYY 08 / 23 / 2017
Mailing Address 718 7TH ST NW FL 2		FEC Identification Number C [] Transaction ID : SB21B.I8613 Amount of Each Disbursement this Period [] 14632.52
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 29440.52
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)
A. TUSK DIGITAL

Mailing Address 718 7TH ST NW
FL 2

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 20 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8614

Amount of Each Disbursement this Period: 14632.52

Memo Item

Full Name (Last, First, Middle Initial)
B. TUSK DIGITAL

Mailing Address 718 7TH ST NW
FL 2

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 20 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8615

Amount of Each Disbursement this Period: 297.00

Memo Item

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

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8542

Amount of Each Disbursement this Period: 6656.86

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 21586.38

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. SADLER, FRANK, F, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET WAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8545

Amount of Each Disbursement this Period: 4145.34

XCELHR 7/11

Memo Item

B. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8543

Amount of Each Disbursement this Period: 1623.89

XCELHR 7/11

Memo Item

C. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8544

Amount of Each Disbursement this Period: 887.63

XCELHR 7/11

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. REPUBLICAN PARTY OF VIRGINIA - STATE ACCOUNT

Full Name (Last, First, Middle Initial)

Mailing Address 115 E GRACE ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement CONTRIBUTION (NON-FEDERAL) Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 11 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8609

Amount of Each Disbursement this Period: 10000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	290954.12

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. COMSTOCK FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 02 / 2017	
Mailing Address 6822 WEMBERLY WAY		FEC Identification Number C C00554261 Transaction ID : SB23.I8583 Amount of Each Disbursement this Period 2500.00	
City MC LEAN	State VA	Zip Code 22101	Category/ Type
Purpose of Disbursement CONTRIBUTION			
Candidate Name COMSTOCK, BARBARA , J , , HONORABLE		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 10	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. JEFF DOVE FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 07 / 2017	
Mailing Address 2461 BATTERY HILL CIRCLE		FEC Identification Number C C00630384 Transaction ID : SB23.I8597 Amount of Each Disbursement this Period 2500.00	
City WOODBRIDGE	State VA	Zip Code 22191	Category/ Type
Purpose of Disbursement CONTRIBUTION			
Candidate Name DOVE, JEFFERY , ANTHONY , , MR. JR.		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 11	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Category/ Type
Purpose of Disbursement			
Candidate Name		Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BILL.COM

Mailing Address 1810 EMBARCADERO RD

City PALO ALTO State CA Zip Code 94303

Purpose of Disbursement
ACCOUNTS PAYABLE SERVICES FEE (NON-CONTRIBUTION)

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2017

FEC Identification Number

C

Transaction ID : SB29.I8553

Amount of Each Disbursement this Period

75.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BILL.COM

Mailing Address 1810 EMBARCADERO RD

City PALO ALTO State CA Zip Code 94303

Purpose of Disbursement
ACCOUNTS PAYABLE SERVICES FEE (NON-CONTRIBUTION)

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB29.I8554

Amount of Each Disbursement this Period

57.50

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

132.50

132.50