

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Canary Fund

ADDRESS (number and street)

600 Pennsylvania Ave SE

Suite 210

Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00555342

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OH

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 01 / 2014

through

M M / D D / Y Y Y Y  
09 / 30 / 2014

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

Type or Print Name of Treasurer Judith Zamore

Signature of Treasurer Judith Zamore

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 15 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Canary Fund**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 22000.00                | 42250.00                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 22000.00                | 42250.00                           |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 2908.45                 | 3925.82                            |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 2908.45                 | 3925.82                            |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 15849.18                |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 0.00                    |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Canary Fund**

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

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 4500.00                               | 9250.00                                    |
| (ii) Unitemized.....   | 0.00                                  | 0.00                                       |
| (iii) TOTAL of contributions from individuals ▶  | 4500.00                               | 9250.00                                    |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees (such as PACs).....   | 17500.00                              | 33000.00                                   |
| (d) The Candidate.....   | 0.00                                  | 0.00                                       |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 22000.00                              | 42250.00                                   |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                                  | 0.00                                       |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | 0.00                                  | 0.00                                       |
| (b) All Other Loans.....   | 0.00                                  | 0.00                                       |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0.00                                  | 0.00                                       |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.00                                  | 0.00                                       |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 22000.00                              | 42250.00                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 2908.45                       | 3925.82                            |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 17475.00                      | 22475.00                           |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 20383.45                      | 26400.82                           |

**III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 14232.63 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 22000.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 36232.63 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 20383.45 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 15849.18 |

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

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

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

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

Mailing Address 9273 Lerwick Dr

City State Zip Code  
Dublin OH 43017-9492

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

Name of Employer Occupation  
Clark and Associates Government Affairs

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 23 / 2014

**Transaction ID : C5704498**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3179 Dunlavin Glen Rd

City State Zip Code  
Columbus OH 43221-4419

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

Name of Employer Occupation  
United Art & Education, Inc. Associate

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2014

**Transaction ID : C5677100A**

Amount of Each Receipt this Period  
2500.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2014

**Transaction ID : C5677100AB**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

3500.00

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

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

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew Hersha**

Mailing Address 3179 Dunlavin Glen Rd

City Columbus State OH Zip Code 43221-4419

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

Name of Employer United Art & Education, Inc. Occupation Associate

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt 07 / 12 / 2014

**Transaction ID : C5677103A**

Amount of Each Receipt this Period 1000.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt 07 / 17 / 2014

**Transaction ID : C5677103AB**

Amount of Each Receipt this Period 1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

1000.00

4500.00

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

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

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

**A. Full Name (Last, First, Middle Initial)**  
**Unite Here Tip Campaign Committee**

Mailing Address 275 7th Ave  
FI 11

City State Zip Code  
New York NY 10001-6708

FEC ID number of contributing federal political committee. **C C00004861**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2014

**Transaction ID : C5805810**

Amount of Each Receipt this Period  
5000.00

**B. Full Name (Last, First, Middle Initial)**  
**Ingram Barge Company PAC**

Mailing Address 4400 Harding Pike

City State Zip Code  
Nashville TN 37205-2204

FEC ID number of contributing federal political committee. **C C00364471**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2014

**Transaction ID : C5824951**

Amount of Each Receipt this Period  
1000.00

**C. Full Name (Last, First, Middle Initial)**  
**Express Scripts Inc. Political Fund (Express Scripts PAC)**

Mailing Address 1 Express Way

City State Zip Code  
Saint Louis MO 63121-1824

FEC ID number of contributing federal political committee. **C C00365072**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

**Transaction ID : C5842321**

Amount of Each Receipt this Period  
2500.00

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

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

8500.00

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

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

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

**A.** Full Name (Last, First, Middle Initial)  
**Real Estate Roundtable PAC**

Mailing Address 801 Pennsylvania Ave NW  
Ste 720

City Washington State DC Zip Code 20004-2686

FEC ID number of contributing federal political committee. **C C00033779**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 29 / 2014

**Transaction ID : C5716522**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dykema Gossett Federal PAC**

Mailing Address 201 Townsend St  
Ste 900

City Lansing State MI Zip Code 48933-1529

FEC ID number of contributing federal political committee. **C C00342113**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : C5824953**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Cox Enterprises PAC (COXPAC, Inc.)**

Mailing Address 975 F St NW  
Ste 300

City Washington State DC Zip Code 20004-1459

FEC ID number of contributing federal political committee. **C C00477653**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : C5842334**

Amount of Each Receipt this Period  
2500.00

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

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

6000.00



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

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

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

**A. National Association of Chain Drug Stores PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1776 Wilson Blvd  
Ste 200  
City Arlington State VA Zip Code 22209-2516

FEC ID number of contributing federal political committee. **C** C00022368

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : C5678886**

Amount of Each Receipt this Period  
1000.00

**B. National Association of Disability Representatives PAC (NADR PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 96503  
City Washington State DC Zip Code 20090-6503

FEC ID number of contributing federal political committee. **C** C00432757

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2014

**Transaction ID : C5824956**

Amount of Each Receipt this Period  
1000.00

**C. The Chubb Corporation PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 15 Mountainview Rd  
City Warren State NJ Zip Code 07059-6711

FEC ID number of contributing federal political committee. **C** C00229203

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2014

**Transaction ID : C5761739**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

17500.00

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 10 OF 12 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. NGP-VAN, Inc.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 02 / 2014                        |
| Mailing Address 1101 15th St NW<br>Ste 500   |  | Amount of Each Disbursement this Period<br>300.00<br><b>Transaction ID : D409260</b> |
| City Washington State DC Zip Code 20005-5006   | Purpose of Disbursement Software   |  |
| 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)<br><b>B. Kimberly A. Kauffman</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2014                         |
| Mailing Address 615 G St SE  |  | Amount of Each Disbursement this Period<br>1426.75<br><b>Transaction ID : D406703</b> |
| City Washington State DC Zip Code 20003-2723   | Purpose of Disbursement Reimburse Catering   |   |
| 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)<br><b>c. Trattoria Alberto</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 06 / 2014                         |
| Mailing Address 506 8th St SE  |  | Amount of Each Disbursement this Period<br>1426.75<br><b>Transaction ID : D406704</b> |
| City Washington State DC Zip Code 20003-2834   | Purpose of Disbursement Catering   |   |
| 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:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1726.75 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 11 OF 12 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Kimberly A. Kauffman</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 30 / 2014                         |
| Mailing Address 615 G St SE  |  | Amount of Each Disbursement this Period<br>1043.45<br><b>Transaction ID : D411689</b> |
| City Washington State DC Zip Code 20003-2723   | Purpose of Disbursement Reimburse Catering   |   |
| 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)<br><b>B. Trattoria Alberto</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 30 / 2014   |
| Mailing Address 506 8th St SE  |  | Amount of Each Disbursement this Period<br>1043.45<br><b>Transaction ID : D411690</b><br><b>[MEMO ITEM]</b> |
| City Washington State DC Zip Code 20003-2834   | Purpose of Disbursement Catering   |   |
| 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)<br><b>C.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address  |  | Amount of Each Disbursement this Period     |
| City State Zip Code  | Purpose of Disbursement  |   |
| 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:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1043.45 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 2770.20 |

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

|   |                                      |   |                                     |                                    |
|---|--------------------------------------|---|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |   | PAGE 12 OF 12                       |                                    |
|   | <input type="checkbox"/> 17<br>20a   | <input checked="" type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Canary Fund**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. America Works PAC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>09 / 12 / 2014</b> |
| Mailing Address <b>PO Box 15293</b>   |  | Amount of Each Disbursement this Period<br><b>17475.00</b>           |
| City <b>Washington</b>  | State <b>DC</b> Zip Code <b>20003-0293</b> |  |
| Purpose of Disbursement<br><b>Transfer</b>  | Candidate Name                             | <b>Transaction ID : D412499</b>                                      |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |  |
| State: _____ District: _____  | Category/Type                              |  |

|   |                |   |
|---|----------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |                | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address   |                | Amount of Each Disbursement this Period     |
| City  | State Zip Code |   |
| Purpose of Disbursement   | Candidate Name |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                |   |
| State: _____ District: _____  | Category/Type  |   |

|   |                |   |
|---|----------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |                | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address   |                | Amount of Each Disbursement this Period     |
| City  | State Zip Code |   |
| Purpose of Disbursement   | Candidate Name |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                |   |
| State: _____ District: _____  | Category/Type  |   |

|   |                 |
|---|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>17475.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>17475.00</b> |