

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

NOELLE NIKPOUR FOR CONGRESS INC

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	150268.00	150268.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	150268.00	150268.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21318.42	21318.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21318.42	21318.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	134349.58	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	5400.00	

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

NOELLE NIKPOUR FOR CONGRESS INC

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	142450.00	142450.00
(ii) Unitemized.....	2818.00	2818.00
(iii) TOTAL of contributions from individuals ▶	145268.00	145268.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	150268.00	150268.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	5400.00	5400.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5400.00	5400.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	155668.00	155668.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21318.42	21318.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	21318.42	21318.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	155668.00
25. SUBTOTAL (add Line 23 and Line 24).....	155668.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21318.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	134349.58

**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 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. LESLIE L ALEXANDER

Mailing Address 1200 N FEDERAL HWY.
STE. 411

City BOCA RATON State FL Zip Code 33432

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

Name of Employer HOUSTON ROCKETS Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MR. ALFRED L AMATO

Mailing Address 660 OLD COUNTRY ROAD
SUITE 901

City GARDEN CITY State NY Zip Code 11530

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

Name of Employer AMATO LAW GROUP PLLC Occupation LAWYER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
MR. ALFRED L AMATO

Mailing Address 660 OLD COUNTRY ROAD
SUITE 901

City GARDEN CITY State NY Zip Code 11530

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

Name of Employer AMATO LAW GROUP PLLC Occupation LAWYER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period
 2700.00

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

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

6400.00

**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 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. DON C BEDELL

Mailing Address 731 N. MAIN STREET

City State Zip Code
SIKESTON MO 63801

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

Name of Employer Occupation
CASTLE PARTNERS CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
TERRELL BENHAM

Mailing Address 5815 MEDITERRANEAN BLVD

City State Zip Code
BENTON AR 72019

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

Name of Employer Occupation
IMPACT MANAGEMENT CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MRS. MARISSA BENNETT

Mailing Address 14185 DALLAS PKWY.
STE. 1150

City State Zip Code
DALLAS TX 75254

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.4253

Amount of Each Receipt this Period
2700.00

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MRS. MARISSA BENNETT

Mailing Address 14185 DALLAS PKWY.
STE. 1150

City DALLAS State TX Zip Code 75254

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.4254

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. MONTY J BENNETT

Mailing Address 14185 DALLAS PKWY.
STE. 1150

City DALLAS State TX Zip Code 75254

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

Name of Employer **ASHFORD HOSPITALITY TRUST** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.4250

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. MONTY J BENNETT

Mailing Address 14185 DALLAS PKWY.
STE. 1150

City DALLAS State TX Zip Code 75254

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

Name of Employer **ASHFORD HOSPITALITY TRUST** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period
2700.00

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

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

8100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MRS. JANE B BLESSEY

Mailing Address 2061 CHIEF JOSEPH TRAIL

City State Zip Code
BIG SKY MT 59716

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : SA11AI.4256

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MRS. JANE B BLESSEY

Mailing Address 2061 CHIEF JOSEPH TRAIL

City State Zip Code
BIG SKY MT 59716

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : SA11AI.4257

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. WALTER E BLESSEY JR.

Mailing Address 2061 CHIEF JOSEPH TRAIL

City State Zip Code
BIG SKY MT 59716

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

Name of Employer Occupation
BLESSEY MARINE SERVICES BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period
2700.00

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

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

8100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. WALTER E BLESSEY JR.

Mailing Address 2061 CHIEF JOSEPH TRAIL

City State Zip Code
BIG SKY MT 59716

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLESSEY MARINE SERVICES BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.4260

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. LLOYD PETER BYLER

Mailing Address 5373 W ALABAMA ST.
#502

City State Zip Code
HOUSTON TX 77056

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ENJET, LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.4262

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. LLOYD PETER BYLER

Mailing Address 5373 W ALABAMA ST.
#502

City State Zip Code
HOUSTON TX 77056

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ENJET, LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.4265

Amount of Each Receipt this Period

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

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

**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 10 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. MRS. YVONNE BYLER		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 04 / 2015	
Mailing Address 5373 W ALABAMA ST. #502		Transaction ID : SA11AI.4264	
City HOUSTON State TX Zip Code 77056	Amount of Each Receipt this Period 2700.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation HOMEMAKER HOMEMAKER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) B. MRS. YVONNE BYLER		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 04 / 2015	
Mailing Address 5373 W ALABAMA ST. #502		Transaction ID : SA11AI.4266	
City HOUSTON State TX Zip Code 77056	Amount of Each Receipt this Period 2700.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation HOMEMAKER HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) C. MR. STEVEN CARAYANIS		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2015	
Mailing Address 10520 WILSHIRE BLVD. #1256		Transaction ID : SA11AI.4166	
City LOS ANGELES State CA Zip Code 90024	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation JP MORGAN SECURITIES EXECUTIVE DIRECTOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 11 OF 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. RICHARD H COLLINS

Mailing Address 8150 N. CENTRAL EXPRESSWAY
SUITE 1900

City State Zip Code
DALLAS TX 75206

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

Name of Employer Occupation
R. COLLINS ENTERPRISES, INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11AI.4268

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. THEODORE B CONKLIN III

Mailing Address PO BOX 1349

City State Zip Code
SAG HARBOR NY 11963

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

Name of Employer Occupation
AMERICAN HOTEL OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. ANGUS R COOPER II

Mailing Address P.O. BOX 1566

City State Zip Code
MOBILE AL 36633

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

Name of Employer Occupation
COOPER/T.SMITH CORP. CHARIMAN/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : SA11AI.4235

Amount of Each Receipt this Period
2000.00

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

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

4950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH COURTRIGHT

Mailing Address 39 EDGEHILL ROAD

City State Zip Code
LITTLE ROCK AR 72207

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

Name of Employer Occupation
DALE CAPITAL PARTNERS, INC. PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. BUD CUMMINS

Mailing Address 1818 N TAYLOR STREET #301

City State Zip Code
LITTLE ROCK AR 72207

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MRS. DIANE DAVISON

Mailing Address PO BOX 607

City State Zip Code
RUSTON LA 71273

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : SA11AI.4270

Amount of Each Receipt this Period
2700.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. JAMES E DAVISON

Mailing Address **PO BOX 607**

City **RUSTON** State **LA** Zip Code **71273**

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

Name of Employer **DAVISON TRANSPORT, INC.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : SA11AI.4272

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. EDMUND DEVEAUX

Mailing Address **172 W. STATE STREET**

City **TRENTON** State **NJ** Zip Code **08608**

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

Name of Employer **BURTON TRENT PUBLIC AFFAIRS LLC.** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2015

Transaction ID : SA11AI.4170

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID DIETERICH

Mailing Address **38716 BETTIS DRIVE**

City **HAMILTON** State **VA** Zip Code **20158**

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

Name of Employer **PI&R LLC** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 30 / 2015

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period
250.00

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

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

3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. MR. SHELDON DILLER		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015	
Mailing Address 7413 FAIRWAY ROAD		Transaction ID : SA11AI.4194	
City LA JOLLA	State CA	Zip Code 92037	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. EREN ERDEM		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 07 / 2015	
Mailing Address 315 ROCK ST. APT 710		Transaction ID : SA11AI.4196	
City LITTLE ROCK	State AR	Zip Code 72202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer BAPTIST MEDICAL CENTER	Occupation MEDICAL DOCTOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. MR. TIMOTHY FANN		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 23 / 2015	
Mailing Address 411 MOSSYLEAF DRIVE		Transaction ID : SA11AI.4123	
City HUNTSVILLE	State AL	Zip Code 35824	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer BOEING	Occupation ENGINEER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	1050.00

**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 15 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. DAVID A FREEDMAN

Mailing Address 3561 CRYSTAL VIEW COURT

City MIAMI State FL Zip Code 33133

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.4174

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MR. DANIEL FULGHAM

Mailing Address 8750 N CENTRAL EXPY SUITE 750

City DALLAS State TX Zip Code 75231

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

Name of Employer SELF Occupation FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MR. C A DAN GASBY

Mailing Address 18 SOUNDVIEW DRIVE

City SAG HARBOR State NY Zip Code 11963

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2015

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period
 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. WHITNEY GOIT II

Mailing Address **342 KINGS POINT ROAD**

City **EAST HAMPTON** State **NY** Zip Code **11937**

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

Name of Employer **RETIRED** Occupation **ENTREPRENEUR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2015

Transaction ID : SA11AI.4198

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JEFFREY GOLDBERGER

Mailing Address **225 W 86TH STREET
APT 1001**

City **NEW YORK** State **NY** Zip Code **10024**

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

Name of Employer **ATLAS CAPITAL GROUP** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. LLOYD GOLDMAN

Mailing Address **941 PARK AVE.**

City **NEW YORK** State **NY** Zip Code **10028**

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE PROFESSIONAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.4237

Amount of Each Receipt this Period
2000.00

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

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

3000.00

**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 17 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. GARY GRIFFITH

Mailing Address **6875 CAROLYN CREST DRIVE**

City **DALLAS** State **TX** Zip Code **75214**

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

Name of Employer **TODAY FOUNDATION** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 18 / 2015

Transaction ID : SA11AI.4274

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MS. TRUDY HALL

Mailing Address **P.O. BOX 4401**

City **BATESVILLE** State **AR** Zip Code **72503**

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

Name of Employer **THE PROPERTY SHOPPE** Occupation **SELF EMPLOYED REALTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 03 / 2015

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. BRUCE T HALLE

Mailing Address **20225 NORTH SCOTTSDALE ROAD**

City **SCOTTSDALE** State **AZ** Zip Code **85255**

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

Name of Employer **DISCOUNT TIRE COMPANY** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11AI.4224

Amount of Each Receipt this Period
1000.00

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 18 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MS. LINDA HARDING

Mailing Address **21 LA SCALA COURT**

City **LITTLE ROCK** State **AR** Zip Code **72212**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM HUTCHINSON III

Mailing Address **1708 WEST COTTONWOOD STREET**

City **ROGERS** State **AR** Zip Code **72758**

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

Name of Employer **ROBERTS LAW FIRM** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 30 / 2015

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. ROGER A HUXMAN

Mailing Address **5915 PONCE DE LEON BLVD.**

City **CORAL GABLES** State **FL** Zip Code **33146**

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

Name of Employer **SELF-EMPLOYED** Occupation **INSURANCE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period
800.00

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

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

3050.00

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

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

FOR LINE NUMBER: PAGE 19 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MS. BRENDA JARVIS

Mailing Address **2807 ALLEN STREET**
#346

City State Zip Code
DALLAS TX 75204

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

Name of Employer Occupation
SELF-EMPLOYED BUSINESS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 20 2015

Transaction ID : SA11AI.4204

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. GREG JORDAN

Mailing Address **55 FLAMINGO DR**

City State Zip Code
NEW ORLEANS LA 70124

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

Name of Employer Occupation
CHASE BANKING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 29 2015

Transaction ID : SA11AI.4226

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. CHARLES P JOYCE

Mailing Address **PO BOX 330**

City State Zip Code
WELLSVILLE NY 14895

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

Name of Employer Occupation
OTIS EASTERN SERVICE LLC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 30 2015

Transaction ID : SA11AI.4276

Amount of Each Receipt this Period
2700.00

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. CHARLES P JOYCE

Mailing Address PO BOX 330

City State Zip Code
WELLSVILLE NY 14895

FEC ID number of contributing federal political committee.

Name of Employer Occupation
OTIS EASTERN SERVICE LLC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.4277

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN LAFRANCE JR.

Mailing Address 1 ALLIED DRIVE, SUITE 1720

City State Zip Code
LITTLE ROCK AR 72202

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DALE CAPITAL PARTNERS, INC. PRINCIPAL - REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.4279

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN LAFRANCE JR.

Mailing Address 1 ALLIED DRIVE, SUITE 1720

City State Zip Code
LITTLE ROCK AR 72202

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DALE CAPITAL PARTNERS, INC. PRINCIPAL - REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.4280

Amount of Each Receipt this Period

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

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

**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 21 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. JERRY D LATHAN

Mailing Address 5000 KOOIMAN ROAD

City Theodore State AL Zip Code 36582

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

Name of Employer THE LATHAN COMPANY Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MR. EMILIO P LEON

Mailing Address 13320 SW 110TH AVE.

City MIAMI State FL Zip Code 33176

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MR. HOWARD M LORBER

Mailing Address 125 JERICHO TPKE.
STE. 501

City JERICHO State NY Zip Code 11753

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

Name of Employer LORBER ALPHA APARTMENTS LLC Occupation MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period
 2700.00

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

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

3950.00

**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 22 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. MR. RON MEYER		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 14 / 2015	
Mailing Address 100 UNIVERSAL CITY PLAZA		Transaction ID : SA11AI.4284	
City UNIVERSAL CITY	State CA	Zip Code 91608	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer NBC UNIVERSAL	Occupation VICE CHAIRMAN		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) B. MR. RON MEYER		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 14 / 2015	
Mailing Address 100 UNIVERSAL CITY PLAZA		Transaction ID : SA11AI.4285	
City UNIVERSAL CITY	State CA	Zip Code 91608	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer NBC UNIVERSAL	Occupation VICE CHAIRMAN		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) C. MRS. CIRILA NILDA MILTON		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 3211 PONCE DE LEON BLVD. SUITE 301		Transaction ID : SA11AI.4287	
City CORAL GABLES	State FL	Zip Code 33134	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer J. MILTON & ASSOCIATES	Occupation VICE PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	_____

**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 23 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. MITCHELL MODELL

Mailing Address 498 SEVENTH AVENUE
20TH FLOOR

City NEW YORK State NY Zip Code 10018

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

Name of Employer MODELL'S SPORTING GOODS Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. MITCHELL MODELL

Mailing Address 498 SEVENTH AVENUE
20TH FLOOR

City NEW YORK State NY Zip Code 10018

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

Name of Employer MODELL'S SPORTING GOODS Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4233

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
MR. RON MYERS

Mailing Address P.O. BOX 2352
MAPLE AVENUE

City SOUTHAMPTON State NY Zip Code 11965

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

Name of Employer SELF-EMPLOYED Occupation SECURITY CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2015

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period
300.00

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

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

2300.00

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

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

FOR LINE NUMBER: PAGE 24 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. JOHN MICHAEL NABER

Mailing Address 41 R STREET NE

City State Zip Code
WASHINGTON DC 20002

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

Name of Employer Occupation
FITCH, EVEN, TABIN & FLANNERY PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2015

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. DAVID NISSEN

Mailing Address 156 BEAR'S CLUB DRIVE

City State Zip Code
JUPITER FL 33477

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

Name of Employer Occupation
GE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MRS. MARIAN NISSEN

Mailing Address 156 BEAR'S CLUB DRIVE

City State Zip Code
JUPITER FL 33477

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4291

Amount of Each Receipt this Period
2700.00

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

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

5650.00

**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 25 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MRS. SALLYAN PELLETIER

Mailing Address 43 HUCKLEBERRY LANE

City DARIEN State CT Zip Code 06820

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

Name of Employer ZENKO CONSLUTING Occupation MARKETING CONSULTANT AND A BOARD C

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
MRS. SALLYAN PELLETIER

Mailing Address 43 HUCKLEBERRY LANE

City DARIEN State CT Zip Code 06820

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

Name of Employer ZENKO CONSLUTING Occupation MARKETING CONSULTANT AND A BOARD C

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11AI.4296

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN PELLETIER

Mailing Address 43 HUCKLEBERRY LANE

City DARIEN State CT Zip Code 06820

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

Name of Employer PRUDENTIAL Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11AI.4293

Amount of Each Receipt this Period
 2700.00

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

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

8100.00

**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 26 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. STEPHEN PELLETIER

Mailing Address 43 HUCKLEBERRY LANE

City DARIEN State CT Zip Code 06820

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

Name of Employer PRUDENTIAL Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. GREGORY RAYBURN

Mailing Address 15 OCEAN COURSE DRIVE

City KIAWAH ISLAND State SC Zip Code 29455

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

Name of Employer WANU WATER Occupation CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11AI.4208

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ROBERT RUBIN

Mailing Address 300 CENTRAL PARK WEST
APT. 28G

City NEW YORK State NY Zip Code 10024

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

Name of Employer CITIGROUP Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : SA11AI.4241

Amount of Each Receipt this Period
2000.00

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

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

5200.00

**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 27 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial) MR. IVAN G SEIDENBERG		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 5 QUAIL HOLLOW LANE		Transaction ID : SA11AI.4299	
City WEST NYACK	State NY	Amount of Each Receipt this Period 2700.00	
Zip Code 10994			
FEC ID number of contributing federal political committee. C			
Name of Employer VERIZON	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) MR. MARTIN SELIG		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 06 / 2015	
Mailing Address 1000 2ND AVE. STE 1800		Transaction ID : SA11AI.4301	
City SEATTLE	State WA	Amount of Each Receipt this Period 2700.00	
Zip Code 98104			
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) MR. MARTIN SELIG		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 06 / 2015	
Mailing Address 1000 2ND AVE. STE 1800		Transaction ID : SA11AI.4302	
City SEATTLE	State WA	Amount of Each Receipt this Period 2700.00	
Zip Code 98104			
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

SUBTOTAL of Receipts This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	8100.00

**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 28 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MS. LAURA SILAGY

Mailing Address 134 GRAND PALM WAY

City State Zip Code
PALM BEACH GARDENS FL 33418

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.4304

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. ARNIE SIMON

Mailing Address 183 CHESTNUT RIDGE ROAD

City State Zip Code
SADDLE RIVER NJ 07458

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11AI.4243

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT SPERANZA

Mailing Address 47-55 37TH STREET

City State Zip Code
LONG ISLAND CITY NY 11101

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

Name of Employer Occupation
NOUVEAU ELEVATOR INDUSTRIES, INC. VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : SA11AI.4230

Amount of Each Receipt this Period
1000.00

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

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

5700.00

**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 29 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
JOHN STARK

Mailing Address **STARK CARPET CORP**
979 THIRD AVENUE 11TH FLOOR

City **NEW YORK** State **NY** Zip Code **10022**

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

Name of Employer **STARK CARPET CORP** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.4210

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. EMANUEL T STERN

Mailing Address **1 W 67TH STREET**
APT. 909

City **NEW YORK** State **NY** Zip Code **10023**

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

Name of Employer **SELF-EMPLOYED** Occupation **INVESTMENTS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.4212

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MARK SUTHERLAND

Mailing Address **4000 MAIN STREET**

City **KANSAS CITY** State **MO** Zip Code **64111**

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

Name of Employer **SUTHERLAND LUMBR CO.** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period
1000.00

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

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

2000.00

**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 30 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MRS. BARBARA C TALBOTT

Mailing Address 2106 RIVERFOREST COURT

City ARLINGTON State TX Zip Code 76017

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. NORMAN E TAPLIN

Mailing Address 2535 EMBASSY DRIVE

City WEST PALM BEACH State FL Zip Code 33401

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

Name of Employer THE GOLDWATER TAPLIN GROUP Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DEREK TRULSON

Mailing Address 47 EAST 91ST, #6

City NEW YORK State NY Zip Code 10128

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

Name of Employer JLL Occupation REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4306

Amount of Each Receipt this Period
2700.00

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

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

3700.00

**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 31 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. ROBERT UDELSON

Mailing Address 19840 NE 17TH AVE

City MIAMI State FL Zip Code 33179

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

Name of Employer POWERTRAC Occupation VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period
2300.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT UDELSON

Mailing Address 19840 NE 17TH AVE

City MIAMI State FL Zip Code 33179

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

Name of Employer POWERTRAC Occupation VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM WALTERS

Mailing Address 15 WEST 53RD STRET
APT. 20A

City NEW YORK State NY Zip Code 10019

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2015

Transaction ID : SA11AI.4308

Amount of Each Receipt this Period
2700.00

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

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

7500.00

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

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

FOR LINE NUMBER: PAGE 32 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
MR. PETER J WORTH

Mailing Address 99 PARK AVENUE
25TH FLOOR

City NEW YORK State NY Zip Code 10016

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

Name of Employer AMERICAN BENEFITS CONSULTING Occupation OPERATIONS, INFORMATION SECURITY & I

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : SA11AI.4310

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
MR. PETER J WORTH

Mailing Address 99 PARK AVENUE
25TH FLOOR

City NEW YORK State NY Zip Code 10016

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

Name of Employer AMERICAN BENEFITS CONSULTING Occupation OPERATIONS, INFORMATION SECURITY & I

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period
 2700.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5400.00

142450.00

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

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

FOR LINE NUMBER: PAGE 33 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
DALLAS ENTREPRENEUR POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 824625

City State Zip Code
DALLAS TX 75382

FEC ID number of contributing federal political committee. **C** C00283523

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11C.4313

Amount of Each Receipt this Period
 5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5000.00

5000.00

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

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

FOR LINE NUMBER: PAGE 34 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
NOELLE NIKPOUR

Mailing Address 6671 WEST INDIANTOWN ROAD

City JUPITER State FL Zip Code 33458

FEC ID number of contributing federal political committee. **C H6FL18139**

Name of Employer SELF-EMPLOYED Occupation CANDIDATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2015

Transaction ID : SA13A.4344

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
NOELLE NIKPOUR

Mailing Address 6671 WEST INDIANTOWN ROAD

City JUPITER State FL Zip Code 33458

FEC ID number of contributing federal political committee. **C H6FL18139**

Name of Employer SELF-EMPLOYED Occupation CANDIDATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA13A.4345

Amount of Each Receipt this Period
 4900.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5400.00

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. APEX			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015	
Mailing Address 138 CONANT STREET SECOND FLOOR			Amount of Each Disbursement this Period 432.00	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.4375	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. APEX			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2015	
Mailing Address 138 CONANT STREET SECOND FLOOR			Amount of Each Disbursement this Period 60.00	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.4376	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. APEX			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015	
Mailing Address 138 CONANT STREET SECOND FLOOR			Amount of Each Disbursement this Period 4.00	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.4377	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	496.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 216.00 Transaction ID : SB17.4378
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 0.12 Transaction ID : SB17.4379
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 106.00 Transaction ID : SB17.4380
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	322.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 1.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.4381
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 49.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.4382
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 2.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.4383
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 43		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 118.00
City BEVERLY State MA Zip Code 01915	Transaction ID : SB17.4384	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 22.00
City BEVERLY State MA Zip Code 01915	Transaction ID : SB17.4385	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 20.00
City BEVERLY State MA Zip Code 01915	Transaction ID : SB17.4386	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 43		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 452.00 Transaction ID : SB17.4387
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.4388
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 108.00 Transaction ID : SB17.4389
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	640.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 43		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 138 CONANT STREET SECOND FLOOR		Amount of Each Disbursement this Period 9,999.99 20.00 Transaction ID : SB17.4390
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CONSENSUS COMMUNICATIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address PO BOX 2898		Amount of Each Disbursement this Period 9,999.99 8762.45 Transaction ID : SB17.4391
City WINTER PARK State FL Zip Code 32790	Purpose of Disbursement COMMUNICATIONS CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EXECUTIVE RESEARCH ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 1556 216TH STREET		Amount of Each Disbursement this Period 9,999.99 600.00 Transaction ID : SB17.4392
City BAYSIDE State NY Zip Code 11360	Purpose of Disbursement ADMINISTRATIVE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9382.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015		
Mailing Address 138 CONANT STREET SECOND FLOOR			Amount of Each Disbursement this Period 2600.00		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.4393		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015		
Mailing Address 138 CONANT STREET SECOND FLOOR			Amount of Each Disbursement this Period 2641.25		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.4394		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. STRATEGIC INFORMATION CONSULTANTS, LLC.			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015		
Mailing Address 7108 WOODED GORGE ROAD			Amount of Each Disbursement this Period 5000.00		
City TALAHASSEE	State FL	Zip Code 32312	Transaction ID : SB17.4395		
Purpose of Disbursement RESEARCH CONSULTING		Category/Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	10241.25
TOTAL This Period (last page this line number only).....	21293.82

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **NOELLE NIKPOUR FOR CONGRESS INC** Transaction ID : **SC/10.4344**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2016
NOELLE NIKPOUR
 Primary
 General
 Other (specify) ▼

Mailing Address
6671 WEST INDIANTOWN ROAD

City State ZIP Code
JUPITER FL 33458

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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TERMS

Date Incurred: M 08 / D 20 / Y 2015
Date Due: M / D / Y 12/31/2018
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 500.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **NOELLE NIKPOUR FOR CONGRESS INC** Transaction ID : **SC/10.4345**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2016
NOELLE NIKPOUR Primary
 Mailing Address 6671 WEST INDIANTOWN ROAD General
 Other (specify) ▼

City State ZIP Code
 JUPITER FL 33458

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4900.00	0.00	4900.00

TERMS Date Incurred Date Due Interest Rate Secured:
 09 / 30 / 2015 M M / D D / 12/31/2018 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	4900.00
TOTALS This Period (last page in this line only).....	▶	5400.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.