

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

Hyman for Congress

ADDRESS (number and street)

P.O. Box 2314

Check if different than previously reported. (ACC)

Hartsville

SC

29551

2. FEC IDENTIFICATION NUMBER ▼

C C00605667

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

SC

07

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

06

14

2016

in the State of

SC

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2016

through

05

25

2016

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

Type or Print Name of Treasurer Mal Hyman

Signature of Treasurer Mal Hyman

[Electronically Filed]

Date

06

08

2016

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Hyman for Congress

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))....	4161.00	4561.00
(b) Total Contribution Refunds (from Line 20(d))	180.00	180.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3981.00	4381.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4790.23	11258.37
(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)).....	4790.23	11258.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10820.91	
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).....	17631.58	

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

Hyman for Congress

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).....	3961.00	3961.00
(ii) Unitemized.....	0.00	400.00
(iii) TOTAL of contributions from individuals ▶	3961.00	4361.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	200.00	200.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4161.00	4561.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	22081.58
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	22081.58
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)..... ▶	4161.00	26642.58

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4790.23	11258.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	4450.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	4450.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	180.00	180.00
(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)).....	180.00	180.00
21. OTHER DISBURSEMENTS	65.56	333.30
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5035.79	16221.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11695.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4161.00
25. SUBTOTAL (add Line 23 and Line 24).....	15856.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5035.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10820.91

**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 18
	<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	

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

NAME OF COMMITTEE (In Full)
Hyman for Congress

A. Full Name (Last, First, Middle Initial)
Geneva Baxley

Mailing Address 5 Petigru Dr

City	State	Zip Code
Beaufort	SC	29902-5288

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

Name of Employer	Occupation
Coastal Carolina Hospital	Nurse

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : VSGV0BT19C0

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

Mailing Address 116 St. John Street

City	State	Zip Code
Darlington	SC	29532-3115

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

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 25.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2016

Transaction ID : VSGV0C050F0

Amount of Each Receipt this Period
 _____ 25.00

Memo Item

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

Mailing Address 930 Wayne Ave
Apt 1111

City	State	Zip Code
Silver Spring	MD	20910-4479

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

Name of Employer	Occupation
Self	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
 04 / 26 / 2016

Transaction ID : VSGV0C050M0

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

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

_____ 375.00

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

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hyman for Congress

A. Full Name (Last, First, Middle Initial)
Barb Steadman

Mailing Address 403 Millikin Ave

City Hartsville State SC Zip Code 29550-4369

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

Name of Employer Coker College Occupation Secretary of the College & Director of

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 14 / 2016

Transaction ID : VSGV0C050Q3

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 1417 Seneca Trl

City Hartsville State SC Zip Code 29550-5035

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : VSGV0C050D4

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 304 Pipers Ln

City Myrtle Beach State SC Zip Code 29575-5843

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 **50.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 17 / 2016

Transaction ID : VSGV0BWHJ55

Amount of Each Receipt this Period
50.00

Memo Item

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hyman for Congress

A. Full Name (Last, First, Middle Initial)
Jaclyn Wukela

Mailing Address 3016 Cane Branch Rd

City State Zip Code
Florence SC 29505-8453

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

Name of Employer Occupation
NA 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
 05 / 02 / 2016

Transaction ID : VSGV0C050H6

Amount of Each Receipt this Period
 2000.00

Memo Item

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

Mailing Address 715 W Home Ave

City State Zip Code
Hartsville SC 29550-4431

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2016

Transaction ID : VSGV0C05077

Amount of Each Receipt this Period
 50.00

Memo Item

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

Mailing Address 414 Laurel Oak St

City State Zip Code
Hartsville SC 29550-3204

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
180.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : VSGV0BSZXC7

Amount of Each Receipt this Period
 180.00

Memo Item

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

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

2230.00

**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 18
	<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)
Hyman for Congress

A. Full Name (Last, First, Middle Initial)
Sarah Kriss

Mailing Address 1121 N Los Robles Ave

City Pasadena State CA Zip Code 91104-3558

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : VSGV0BT0BC7

Amount of Each Receipt this Period
 _____ 3.00

Memo Item

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

Mailing Address 1121 N Los Robles Ave

City Pasadena State CA Zip Code 91104-3558

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

Name of Employer None Occupation None

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : VSGV0BTAQK8

Amount of Each Receipt this Period
 _____ 3.00

Memo Item

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

Mailing Address 2380 Ole King St

City Conway State SC Zip Code 29526-5312

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 **150.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2016

Transaction ID : VSGV0C04ZX8

Amount of Each Receipt this Period
 _____ 150.00

Memo Item

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

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

_____ 156.00

**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 18
	<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)
Hyman for Congress

A. Full Name (Last, First, Middle Initial)
Joseph Rubinstein

Mailing Address 414 Laurel Oak St

City Hartsville State SC Zip Code 29550-3204

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
180.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : VSGV0BSZXB9

Amount of Each Receipt this Period
180.00

Memo Item

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

Mailing Address PO Box 2622

City Elk Grove State CA Zip Code 95759-2622

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

Name of Employer CSU Sacramento Occupation tech/educator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
20.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : VSGV0BX8DV9

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address PO Box 2622

City Elk Grove State CA Zip Code 95759-2622

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

Name of Employer CSU Sacramento Occupation tech/educator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : VSGV0BXTBY9

Amount of Each Receipt this Period
500.00

Memo Item

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

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

700.00

3961.00

**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 10 OF 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Hyman for Congress

A. Full Name (Last, First, Middle Initial)
DEB MORROW FOR CONGRESS

Mailing Address 520 Lakewinds Blvd

City Inman State SC Zip Code 29349-8276

FEC ID number of contributing federal political committee. **C** C00532713

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2016

Transaction ID : VSGV0C05051

Amount of Each Receipt this Period
 200.00

Memo Item

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

Memo Item

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

Memo Item

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

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

200.00

200.00

**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 11 OF 18	
	<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)
Hyman for Congress

Full Name (Last, First, Middle Initial) A. SPC Cooperative Credit Union		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 204 N 5th St		Amount of Each Disbursement this Period 5.00
City Hartsville	State SC Zip Code 29550-4136	
Purpose of Disbursement Bank Fee	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VSFVR9NWP91
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. Bow Thai Cuisine		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2016
Mailing Address 150 E Carolina Ave		Amount of Each Disbursement this Period 28.08
City Hartsville	State SC Zip Code 29550-4214	
Purpose of Disbursement Prospecting Luncheon	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VSFVR9NWPP2
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. Tyler Jackson		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 306 Pecan Dr		Amount of Each Disbursement this Period 100.00
City Hartsville	State SC Zip Code 29550-4924	
Purpose of Disbursement Salary	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VSFVR9NWP83
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).....	133.08
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 12 OF 18	
	<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)
Hyman for Congress

Full Name (Last, First, Middle Initial) A. Golden Corral		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2016
Mailing Address 2530 David H McLeod Blvd		Amount of Each Disbursement this Period 45.45
City Florence	State SC	
Zip Code 29501-4040	Purpose of Disbursement Staff Meeting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : VSFVR9NWPC3
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. SPC Cooperative Credit Union		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2016
Mailing Address 204 N 5th St		Amount of Each Disbursement this Period 5.00
City Hartsville	State SC	
Zip Code 29550-4136	Purpose of Disbursement Bank Paper Statement Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : VSFVR9MZM15
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. NGP VAN		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 2500.00
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Online Database and web package	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : VSFVR9NWP75
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).....	2550.45
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 13 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20d				

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NAME OF COMMITTEE (In Full)
Hyman for Congress

Full Name (Last, First, Middle Initial) A. Lucia Byrd		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address PO Box 6435		Amount of Each Disbursement this Period 240.00
City Florence	State SC	
Zip Code 29502-6435	Purpose of Disbursement Reimbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 004	Transaction ID : VSFVR9NWPM6
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. Midnight Rooster Coffee Shop		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 136 E Carolina Ave		Amount of Each Disbursement this Period 31.96
City Hartsville	State SC	
Zip Code 29550-4261	Purpose of Disbursement Staff Meeting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : VSFVR9NWPS6
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. Midnight Rooster Coffee Shop		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address 136 E Carolina Ave		Amount of Each Disbursement this Period 23.43
City Hartsville	State SC	
Zip Code 29550-4261	Purpose of Disbursement Field Meeting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : VSFVR9NWNX6
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).....	295.39
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 14 OF 18			
	<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)
Hyman for Congress

A. Golden Corral

Full Name (Last, First, Middle Initial)
Mailing Address 2530 David H McLeod Blvd

City Florence State SC Zip Code 29501-4040

Purpose of Disbursement Staff Meeting
Candidate Name
Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 24 / 2016

Amount of Each Disbursement this Period
11.31

Memo Item

Transaction ID : VSFVR9NWPB7

B. William Blanton

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 231346

City Montgomery State AL Zip Code 36123-1346

Purpose of Disbursement Consulting Fee
Candidate Name
Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 12 / 2016

Amount of Each Disbursement this Period
1500.00

Memo Item

Transaction ID : VSFVR9NWP7

C. Seth Johnson

Full Name (Last, First, Middle Initial)
Mailing Address 110 Cannon Dr

City Hartsville State SC Zip Code 29550-5316

Purpose of Disbursement Salary
Candidate Name
Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 16 / 2016

Amount of Each Disbursement this Period
300.00

Memo Item

Transaction ID : VSFVR9NWP18

SUBTOTAL of Disbursements This Page (optional)..... 1811.31

TOTAL This Period (last page this line number only)..... 4790.23

**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 15 OF 18	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hyman for Congress

Full Name (Last, First, Middle Initial) A. Joseph Rubinstein		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address 414 Laurel Oak St		Amount of Each Disbursement this Period 180.00
City Hartsville State SC Zip Code 29550-3204	Purpose of Disbursement Refund of accidental overcontribution	
Candidate Name	Category/Type 010	<input type="checkbox"/> Memo Item
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)	Transaction ID : VSFVR9NWQC6
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	180.00

**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 16 OF 18	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hyman for Congress

Full Name (Last, First, Middle Initial) A. Midnight Rooster Coffee Shop			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2016	
Mailing Address 136 E Carolina Ave			Amount of Each Disbursement this Period 65.56	
City Hartsville	State SC	Zip Code 29550-4261	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Fundraising Lunch		Category/ Type 003	Transaction ID : VSFVR9MZM23	
Candidate Name				
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

SUBTOTAL of Disbursements This Page (optional).....	65.56
TOTAL This Period (last page this line number only).....	65.56

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Hyman for Congress** Transaction ID : **VSGV0BJP5F5L**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Mal Hyman Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
309 Deerwood Dr

City State ZIP Code
Hartsville SC 29550-4821

Original Amount of Loan 22000.00	Cumulative Payment To Date 4450.00	Balance Outstanding at Close of This Period 17550.00
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TERMS

Date Incurred: M 01 / D 27 / Y 2016
Date Due: M M / D D / Y none
Interest Rate: none % (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)..... ▶ 17550.00

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) **Hyman for Congress** Transaction ID : **VSGV0BJP5E7L**

LOAN SOURCE Full Name (Last, First, Middle Initial) *PERSONAL FUNDS* Memo Item
Mal Hyman Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 309 Deerwood Dr
 City State ZIP Code
 Hartsville SC 29550-4821

Original Amount of Loan 81.58	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 81.58
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TERMS

Date Incurred M 01 / D 25 / Y 2016	Date Due M M / D D / Y none	Interest Rate none % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	81.58
TOTALS This Period (last page in this line only).....	17631.58

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