



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Gordon Ackley For Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	1900.00	1900.00
(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)).....	1900.00	1900.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	45022.95	45022.95
(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)).....	45022.95	45022.95
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	3377.05	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	55484.83	

**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 05/2016)

Write or Type Committee Name

**Gordon Ackley For Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1900.00	1900.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	1900.00	1900.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1900.00	1900.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	46500.00	46500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	46500.00	46500.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	48400.00	48400.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45022.95	45022.95
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	45022.95	45022.95

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	48400.00
25. SUBTOTAL (add Line 23 and Line 24).....	48400.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45022.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3377.05

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 5 OF 24

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)  
**Gordon Ackley For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ayars, Robert, H, ,**  
 Mailing Address 6501 Red Hook Plaza  
 Suite 201  
 City St. Thomas State VI Zip Code 00802-1306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Real Estate Broker  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : A-35**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Stanley, Barbara, , ,**  
 Mailing Address 5500 Lambshire Drive  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Homemaker  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2016  
**Transaction ID : A-64**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 Contribution

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1900.00

**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 24	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Gordon Ackley For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ackley, Gordon, P., ,**

Mailing Address PO Box 304862

City St. Thomas	State VI	Zip Code 00803
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6VI01024

Name of Employer Ackley Caribbean Enterprises	Occupation Entrepreneur
--	----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 4566.19

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2016

**Transaction ID : A-34**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 708.20

Memo Item  
 In-Kind Travel expense to be reimbursed

**B.** Full Name (Last, First, Middle Initial)  
**Ackley, Gordon, P., ,**

Mailing Address PO Box 304862

City St. Thomas	State VI	Zip Code 00803
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FEC ID number of contributing federal political committee. **C** H6VI01024

Name of Employer Ackley Caribbean Enterprises	Occupation Entrepreneur
--	----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 9167.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2016

**Transaction ID : A-36**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.85

Memo Item  
 In Kind Office Supplies expense to be reimbursed

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

Mailing Address PO Box 304862

City St. Thomas	State VI	Zip Code 00803
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FEC ID number of contributing federal political committee. **C** H6VI01024

Name of Employer Ackley Caribbean Enterprises	Occupation Entrepreneur
--	----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 30367.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2016

**Transaction ID : A-39**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 4200.00

Memo Item  
 In Kind Legal Expenses to be reimbursed

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 0.00
<b>TOTAL</b> 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 7 OF 24  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Gordon Ackley For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ackley, Gordon, P., ,**

Mailing Address PO Box 304862

City St. Thomas State VI Zip Code 00803

FEC ID number of contributing federal political committee. **C** H6VI01024

Name of Employer Ackley Caribbean Enterprises Occupation Entrepreneur

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
30484.83

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2016

Transaction ID : A-41

Amount of Each Receipt this Period  
 117.79

Memo Item  
 In Kind Cell Phone expense to be reimbursed

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	0.00

**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 24
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**Gordon Ackley For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ackley, Gordon, P., ,**

Mailing Address PO Box 304862

City St. Thomas	State VI	Zip Code 00803
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FEC ID number of contributing federal political committee. **C** H6VI01024

Name of Employer Ackley Caribbean Enterprises	Occupation Entrepreneur
--	----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
-66.19

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		05		2016

**Transaction ID : A-44**

Amount of Each Receipt this Period  
4500.00

Memo Item  
Personal loan from candidate

**B.** Full Name (Last, First, Middle Initial)  
**Ackley, Gordon, P., ,**

Mailing Address PO Box 304862

City St. Thomas	State VI	Zip Code 00803
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FEC ID number of contributing federal political committee. **C** H6VI01024

Name of Employer Ackley Caribbean Enterprises	Occupation Entrepreneur
--	----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9832.96

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		27		2016

**Transaction ID : A-45**

Amount of Each Receipt this Period  
10000.00

Memo Item  
Personal loan from candidate

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

Mailing Address PO Box 304862

City St. Thomas	State VI	Zip Code 00803
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FEC ID number of contributing federal political committee. **C** H6VI01024

Name of Employer Ackley Caribbean Enterprises	Occupation Entrepreneur
--	----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
12632.96

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		04		2016

**Transaction ID : A-65**

Amount of Each Receipt this Period  
7000.00

Memo Item  
Personal loan from candidate

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	21500.00
<b>TOTAL</b> 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 9 OF 24  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Gordon Ackley For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ackley, Gordon, P., ,**

Mailing Address PO Box 304862

City St. Thomas State VI Zip Code 00803

FEC ID number of contributing federal political committee. **C** H6VI01024

Name of Employer Ackley Caribbean Enterprises Occupation Entrepreneur

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
37515.17

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2016

**Transaction ID : A-67**

Amount of Each Receipt this Period  
 25000.00

Memo Item  
 Personal loan from candidate

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	46500.00

**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 10 OF 24	
	<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)  
**Gordon Ackley For Congress**

Full Name (Last, First, Middle Initial) <b>A. Lennox, Dennis, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 07 / 2016	
Mailing Address PO Box 232			FEC Identification Number C	
City Topinabee	State MI	Zip Code 49791	Amount of Each Disbursement this Period 3892.20	
Purpose of Disbursement Campaign consultation		Category/ Type 001	Transaction ID : B-46	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Lennox, Dennis, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 07 / 2016	
Mailing Address PO Box 232			FEC Identification Number C	
City Topinabee	State MI	Zip Code 49791	Amount of Each Disbursement this Period 1892.20	
Purpose of Disbursement Travel Expenses for DC trip		Category/ Type 002	Transaction ID : B-47	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Lennox, Dennis, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 07 / 2016	
Mailing Address PO Box 232			FEC Identification Number C	
City Topinabee	State MI	Zip Code 49791	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Consulting on campaign		Category/ Type 001	Transaction ID : B-58	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3892.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 24	
	<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)  
**Gordon Ackley For Congress**

**A. GARK, LLC d.b.a. Ackley Media Group**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 302179

City St. Thomas State VI Zip Code 00803

Purpose of Disbursement Radio advertising Category/Type 004

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 10000.00

Transaction ID : B-59

Memo Item

**B. Michael L. Sheesley, P.C.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 307728

City St. Thomas State VI Zip Code 00803

Purpose of Disbursement Legal Expenses for July '16 Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 11 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 1590.00

Transaction ID : B-49

Memo Item

**C. Lennox, Dennis, , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 232

City Topinabee State MI Zip Code 49791

Purpose of Disbursement Campaign Consultation Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 2118.00

Transaction ID : B-50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 13708.00

**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 12 OF 24	
	<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)  
**Gordon Ackley For Congress**

Full Name (Last, First, Middle Initial) <b>A. Lennox, Dennis, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016	
Mailing Address PO Box 232			FEC Identification Number C	
City Topinabee	State MI	Zip Code 49791	Amount of Each Disbursement this Period 118.00	
Purpose of Disbursement Meals with potential donors		Category/ Type 003	Transaction ID : B-51	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Lennox, Dennis, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016	
Mailing Address PO Box 232			FEC Identification Number C	
City Topinabee	State MI	Zip Code 49791	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Campaign consulting		Category/ Type 001	Transaction ID : B-60	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. FirstBank of the Virgin Islands</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2016	
Mailing Address PO Box 309600			FEC Identification Number C	
City St. Thomas	State VI	Zip Code 00803	Amount of Each Disbursement this Period 75.00	
Purpose of Disbursement Service charge		Category/ Type 001	Transaction ID : B-71	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 24	
	<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)  
**Gordon Ackley For Congress**

Full Name (Last, First, Middle Initial) <b>A. GARK, LLC d.b.a. Ackley Media Group</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2016	
Mailing Address PO Box 302179			FEC Identification Number C	
City St. Thomas	State VI	Zip Code 00803	Amount of Each Disbursement this Period 25000.00	
Purpose of Disbursement Radio advertising		Category/ Type 004	Transaction ID : B-73	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Lennox, Dennis, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016	
Mailing Address PO Box 232			FEC Identification Number C	
City Topinabee	State MI	Zip Code 49791	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Campaign consulting		Category/ Type 001	Transaction ID : B-68	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FirstBank of the Virgin Islands</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016	
Mailing Address PO Box 309600			FEC Identification Number C	
City St. Thomas	State VI	Zip Code 00803	Amount of Each Disbursement this Period 0.25	
Purpose of Disbursement Service charge		Category/ Type 001	Transaction ID : B-69	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	27000.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Gordon Ackley For Congress**

Full Name (Last, First, Middle Initial) <b>A. FirstBank of the Virgin Islands</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016	
Mailing Address PO Box 309600			FEC Identification Number C	
City St. Thomas	State VI	Zip Code 00803	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement Service charge		Category/ Type 001	Transaction ID : B-70	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10.00
<b>TOTAL</b> This Period (last page this line number only).....▶	44685.45

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Gordon Ackley For Congress** Transaction ID : **C-44**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ackley, Gordon, P., , <input type="checkbox"/> Memo Item		Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 304862		<input type="checkbox"/> Personal Funds of the Candidate
City St. Thomas	State VI	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4500.00	0.00	4500.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 07 <sup>M</sup> / D 05 <sup>D</sup> / Y 2016 Y	M 01 <sup>M</sup> / D 01 <sup>D</sup> / Y 1900 Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	4500.00
<b>TOTALS</b> 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) **Transaction ID : C-45**  
Gordon Ackley For Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ackley, Gordon, P., ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 304862			
City St. Thomas	State VI	ZIP Code 00803	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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<b>TERMS</b>	Date Incurred M 07 / D 27 / Y 2016	Date Due M 01 / D 01 / Y 1900	Interest Rate (If none, enter 0) % (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:
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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	10000.00
<b>TOTALS</b> 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) **Gordon Ackley For Congress** Transaction ID : C-65

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ackley, Gordon, P., ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 304862			
City St. Thomas	State VI	ZIP Code 00803	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 7000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 7000.00
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<b>TERMS</b>	Date Incurred M 08 / D 04 / Y 2016	Date Due M 01 / D 01 / Y 1900	Interest Rate (If none, enter 0) % (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:
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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	7000.00
<b>TOTALS</b> 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) **Transaction ID : C-67**  
**Gordon Ackley For Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ackley, Gordon, P., ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 304862			
City St. Thomas	State VI	ZIP Code 00803	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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<b>TERMS</b>	Date Incurred M 09 / D 07 / Y 2016	Date Due M 01 / D 01 / Y 1900	Interest Rate (If none, enter 0) % (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:
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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	25000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	46500.00

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

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Gordon Ackley For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Website expense to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	
Outstanding Balance Beginning This Period <input type="text" value="20.34"/>			

Transaction ID : D-2		
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20.34"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Travel expense to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	
Outstanding Balance Beginning This Period <input type="text" value="1038.76"/>			

Transaction ID : D-16		
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1038.76"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Website expense to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	
Outstanding Balance Beginning This Period <input type="text" value="349.00"/>			

Transaction ID : D-3		
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="349.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="1408.10"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Gordon Ackley For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Ackley, Gordon, P., ,**

Nature of Debt (Purpose):  
Website expense to be reimbursed

Mailing Address PO Box 304862

City St. Thomas State VI Zip Code 00803

Outstanding Balance Beginning This Period

300.00

Transaction ID : D-9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Ackley, Gordon, P., ,**

Nature of Debt (Purpose):  
Administrative expense to be reimbursed

Mailing Address PO Box 304862

City St. Thomas State VI Zip Code 00803

Outstanding Balance Beginning This Period

25.00

Transaction ID : D-4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Ackley, Gordon, P., ,**

Nature of Debt (Purpose):  
Administrative expense to be reimbursed

Mailing Address PO Box 304862

City St. Thomas State VI Zip Code 00803

Outstanding Balance Beginning This Period

25.00

Transaction ID : D-5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

1) **SUBTOTALS** This Period This Page (optional) .....

350.00

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Gordon Ackley For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Website expense to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	

Outstanding Balance Beginning This Period <input type="text" value="24.34"/>	<b>Transaction ID : D-6</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="24.34"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Travel expense to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	

Outstanding Balance Beginning This Period <input type="text" value="581.20"/>	<b>Transaction ID : D-11</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="581.20"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Website expense to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	

Outstanding Balance Beginning This Period <input type="text" value="19.99"/>	<b>Transaction ID : D-7</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="19.99"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="625.53"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Gordon Ackley For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Membership Dues to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	
Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="200.00"/>			
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>			Transaction ID : D-8
Payment This Period <input style="width:100%;" type="text" value="0.00"/>			Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="200.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Website expense to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	
Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="570.00"/>			
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>			Transaction ID : D-10
Payment This Period <input style="width:100%;" type="text" value="0.00"/>			Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="570.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Travel expense to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	
Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="296.00"/>			
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>			Transaction ID : D-12
Payment This Period <input style="width:100%;" type="text" value="0.00"/>			Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="296.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width:100%;" type="text" value="1066.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input style="width:100%;" type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input style="width:100%;" type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input style="width:100%;" type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
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NAME OF COMMITTEE (In Full)

**Gordon Ackley For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Travel expense to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	
Transaction ID : D-13			

Outstanding Balance Beginning This Period <input style="width:90%;" type="text" value="330.68"/>	Amount Incurred This Period <input style="width:90%;" type="text" value="0.00"/>	Payment This Period <input style="width:90%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text" value="330.68"/>
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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Travel expense to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	
Transaction ID : D-14			

Outstanding Balance Beginning This Period <input style="width:90%;" type="text" value="77.68"/>	Amount Incurred This Period <input style="width:90%;" type="text" value="0.00"/>	Payment This Period <input style="width:90%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text" value="77.68"/>
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Travel expense to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	
Transaction ID : D-15			

Outstanding Balance Beginning This Period <input style="width:90%;" type="text" value="0.00"/>	Amount Incurred This Period <input style="width:90%;" type="text" value="708.20"/>	Payment This Period <input style="width:90%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text" value="708.20"/>
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1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width:90%;" type="text" value="1116.56"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input style="width:90%;" type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input style="width:90%;" type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input style="width:90%;" type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Gordon Ackley For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Office Supplies Expense to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D-37</b>	
Amount Incurred This Period 100.85	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Legal Expenses to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D-38</b>	
Amount Incurred This Period 4200.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4200.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ackley, Gordon, P., ,</b>			Nature of Debt (Purpose): Cell phone expense to be reimbursed
Mailing Address PO Box 304862			
City St. Thomas	State VI	Zip Code 00803	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D-40</b>	
Amount Incurred This Period 117.79	Payment This Period 0.00	Outstanding Balance at Close of This Period 117.79

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	4418.64
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	8984.83
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	46500.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	55484.83