

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on **11 / 08 / 2016** in the State of **VA**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **/ / 2016** in the State of **VA**

5. Covering Period **10 / 01 / 2016** through **10 / 19 / 2016**

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

Signature of Treasurer **HANKINS, BRENDA, , ,** [Electronically Filed] Date **10 / 31 / 2016**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CARLY FOR AMERICA

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="0"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="424649.92"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="222.00"/>	<input type="text" value="996829.75"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="424871.92"/>	<input type="text" value="996829.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="114103.59"/>	<input type="text" value="686061.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="310768.33"/>	<input type="text" value="310768.33"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CARLY FOR AMERICA

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	8675.00
(ii) Unitemized	222.00	48154.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	222.00	56829.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	222.00	96829.58
12. Transfers From Affiliated/Other Party Committees.....	0.00	300000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.17
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	600000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	222.00	996829.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	222.00	996829.75

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	30264.03	197918.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	30264.03	197918.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	70500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	80839.56	417643.25
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	114103.59	686061.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	114103.59	686061.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	222.00	96829.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	222.00	96829.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	30264.03	197918.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.17
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30264.03	197918.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City
NEW YORK

State
NY

Zip Code
10285

Purpose of Disbursement
TRANSFER FROM NON-CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7923

Amount of Each Disbursement this Period

[REDACTED] 13673.82

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7924

Amount of Each Disbursement this Period

[REDACTED] 29.53

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City
TYSONS CORNER

State
VA

Zip Code
22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7762

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

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

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

[REDACTED] 13953.35

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. CS STRATEGIES

Full Name (Last, First, Middle Initial)
Mailing Address 6626 CYPRESS POINT RD

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 04 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7479
Amount of Each Disbursement this Period: 3000.00

Memo Item

B. GOOGLE

Full Name (Last, First, Middle Initial)
Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement WEBSITE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 06 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7763
Amount of Each Disbursement this Period: 50.00

Memo Item

C. MLJ CONSULTING, INC.

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26402

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement RENT, CONSULTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 08 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7480
Amount of Each Disbursement this Period: 6238.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9288.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7749

Amount of Each Disbursement this Period

14045.36

Memo Item

Full Name (Last, First, Middle Initial)

B. ALMSTEAD, DEIDRE, A, ,

Mailing Address 1020 N FAIRFAX ST
STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7754

Amount of Each Disbursement this Period

2937.74

Memo Item

Full Name (Last, First, Middle Initial)

C. SADLER, FRANK, F, ,

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7752

Amount of Each Disbursement this Period

4306.43

Memo Item

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

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

14045.36

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPURLOCK, BRIDGET, E, ,

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7753
Amount of Each Disbursement this Period
1335.39

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PEO SERVICE FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7750
Amount of Each Disbursement this Period
2006.90

Memo Item

Full Name (Last, First, Middle Initial)

C. XCELHR

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
WITHHOLDING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7751
Amount of Each Disbursement this Period
3458.90

Memo Item

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

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

0.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER FROM NON-CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement: M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

FEC Identification Number
C

Transaction ID : SB21B.I7921

Amount of Each Disbursement this Period
-7022.68

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	-7022.68
TOTAL This Period (last page this line number only).....▶	30264.03

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. MARTY WILLIAMS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 08 / 2016
Mailing Address 2633 DEERFIELD CRES		FEC Identification Number C 000612770 Transaction ID : SB23.I7482
City CHESAPEAKE	State VA	Zip Code 23321
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name WILLIAMS, MARTIN , L. , MR.		Category/Type
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 03	

Full Name (Last, First, Middle Initial) B. MIKE WADE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 08 / 2016
Mailing Address 10400 WINDINGRIDGE CIRCLE		FEC Identification Number C 000597690 Transaction ID : SB23.I7483
City HENRICO	State VA	Zip Code 23238
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name WADE, MICHAEL , LEO ,		Category/Type
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 07	

Full Name (Last, First, Middle Initial) C. VOTERS FOR CHARLES HERNICK		Date of Disbursement MM / DD / YYYY 10 / 08 / 2016
Mailing Address PO BOX 25324		FEC Identification Number C 000607945 Transaction ID : SB23.I7481
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/Type
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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

3000.00

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. ALBEMARLE COUNTY REPUBLICAN COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 455 ALBEMARLE SQ

City CHARLOTTESVILLE State VA Zip Code 22901

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)

Candidate Name

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

State: District:

Date of Disbursement: 10 / 09 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7497
Amount of Each Disbursement this Period: 500.00

Memo Item

B. AMERICAN EXPRESS

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

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

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

State: District:

Date of Disbursement: 10 / 17 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7761
Amount of Each Disbursement this Period: 27347.65

Memo Item

C. ALASKA AIR

Full Name (Last, First, Middle Initial)
Mailing Address 19300 TUKWILA INTERNATIONAL BLVD

City TUKWILA State WA Zip Code 98188

Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District:

Date of Disbursement: 08 / 29 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7787
Amount of Each Disbursement this Period: 920.10
AMEX 10/17

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 27847.65

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. ALASKA AIR

Full Name (Last, First, Middle Initial)

Mailing Address 19300 TUKWILA INTERNATIONAL BLVD

City TUKWILA State WA Zip Code 98188

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7788

Amount of Each Disbursement this Period: 262.10

AMEX 10/17

Memo Item

B. ALASKA AIR

Full Name (Last, First, Middle Initial)

Mailing Address 19300 TUKWILA INTERNATIONAL BLVD

City TUKWILA State WA Zip Code 98188

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7789

Amount of Each Disbursement this Period: 658.00

AMEX 10/17

Memo Item

C. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7767

Amount of Each Disbursement this Period: 11.98

AMEX 10/17

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 25 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C Transaction ID : SB29.I7768 Amount of Each Disbursement this Period 828.20 AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C Transaction ID : SB29.I7795 Amount of Each Disbursement this Period 327.10 AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C Transaction ID : SB29.I7796 Amount of Each Disbursement this Period 327.10 AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 17 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7899
Amount of Each Disbursement this Period: 280.60
AMEX 10/17

Memo Item

B. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 17 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7900
Amount of Each Disbursement this Period: 280.60
AMEX 10/17

Memo Item

C. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 20 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7917
Amount of Each Disbursement this Period: 225.10
AMEX 10/17

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7918 Amount of Each Disbursement this Period [REDACTED] 225.10 AMEX 10/17
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7919 Amount of Each Disbursement this Period [REDACTED] 118.10 AMEX 10/17
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 09 / 01 / 2016
Mailing Address 200 VESEY ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7816 Amount of Each Disbursement this Period [REDACTED] 38.00 AMEX 10/17
City NEW YORK	State NY	Zip Code 10285
Purpose of Disbursement CC FEE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	6

FEC Identification Number

C

Transaction ID : SB29.I7861

Amount of Each Disbursement this Period

378.00

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

B. CRESCENT HOTEL

Mailing Address 10306 EATON PL
NO 430

City
FAIRFAX

State
VA

Zip Code
22030

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	6

FEC Identification Number

C

Transaction ID : SB29.I7878

Amount of Each Disbursement this Period

445.19

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

C. CRESCENT HOTEL

Mailing Address 10306 EATON PL
NO 430

City
FAIRFAX

State
VA

Zip Code
22030

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	6

FEC Identification Number

C

Transaction ID : SB29.I7879

Amount of Each Disbursement this Period

259.34

AMEX 10/17

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. CRESCENT HOTEL

Full Name (Last, First, Middle Initial)

Mailing Address 10306 EATON PL
NO 430

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7880

Amount of Each Disbursement this Period: 21.72

AMEX 10/17

Memo Item

B. DELTA

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7774

Amount of Each Disbursement this Period: 328.10

AMEX 10/17

Memo Item

C. DELTA

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7775

Amount of Each Disbursement this Period: 1411.10

AMEX 10/17

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB29.I7797
Amount of Each Disbursement this Period
 389.10

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB29.I7798
Amount of Each Disbursement this Period
 389.10

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB29.I7799
Amount of Each Disbursement this Period
 15.00

AMEX 10/17

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City
ATLANTA

State
GA

Zip Code
30320

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	6

FEC Identification Number

C

Transaction ID : SB29.I7800

Amount of Each Disbursement this Period

576.10

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA

Mailing Address 1030 DELTA BLVD

City
ATLANTA

State
GA

Zip Code
30320

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	6

FEC Identification Number

C

Transaction ID : SB29.I7801

Amount of Each Disbursement this Period

576.10

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA

Mailing Address 1030 DELTA BLVD

City
ATLANTA

State
GA

Zip Code
30320

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	6

FEC Identification Number

C

Transaction ID : SB29.I7802

Amount of Each Disbursement this Period

543.10

AMEX 10/17

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I7803

Amount of Each Disbursement this Period

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I7822

Amount of Each Disbursement this Period

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I7823

Amount of Each Disbursement this Period

AMEX 10/17

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. DELTA

Full Name (Last, First, Middle Initial)
Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7824
Amount of Each Disbursement this Period: 49.00
AMEX 10/17
 Memo Item

B. DELTA

Full Name (Last, First, Middle Initial)
Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement REFUND - TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 03 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7828
Amount of Each Disbursement this Period: -803.10
AMEX 10/17
 Memo Item

C. DELTA

Full Name (Last, First, Middle Initial)
Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement REFUND - TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 03 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7829
Amount of Each Disbursement this Period: -803.10
AMEX 10/17
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB29.I7852
Amount of Each Disbursement this Period
 651.60

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB29.I7853
Amount of Each Disbursement this Period
 651.60

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

FEC Identification Number

C
Transaction ID : SB29.I7894
Amount of Each Disbursement this Period
 220.10

AMEX 10/17

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. DELTA		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [] Transaction ID : SB29.I7895
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement TRAVEL	Candidate Name	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) ▼	Amount of Each Disbursement this Period [] 220.10 AMEX 10/17
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. DELTA		Date of Disbursement MM / DD / YYYY 09 / 17 / 2016
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [] Transaction ID : SB29.I7901
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement TRAVEL	Candidate Name	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) ▼	Amount of Each Disbursement this Period [] 359.10 AMEX 10/17
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. DELTA		Date of Disbursement MM / DD / YYYY 09 / 17 / 2016
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [] Transaction ID : SB29.I7902
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement TRAVEL	Candidate Name	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) ▼	Amount of Each Disbursement this Period [] 359.10 AMEX 10/17
State: District:		<input checked="" type="checkbox"/> Memo Item

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. EMBASSY SUITES

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.I7909

Amount of Each Disbursement this Period

[REDACTED] 582.53

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

B. EMBASSY SUITES

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.I7910

Amount of Each Disbursement this Period

[REDACTED] 3.00

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

C. EMBASSY SUITES

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.I7911

Amount of Each Disbursement this Period

[REDACTED] 3.00

AMEX 10/17

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. EMBASSY SUITES

Full Name (Last, First, Middle Initial)

Mailing Address 7930 JONES BRANCH DR.

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7912

Amount of Each Disbursement this Period: 582.53

AMEX 10/17

Memo Item

B. HILTON

Full Name (Last, First, Middle Initial)

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7817

Amount of Each Disbursement this Period: 272.50

AMEX 10/17

Memo Item

C. HILTON

Full Name (Last, First, Middle Initial)

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7818

Amount of Each Disbursement this Period: 272.50

AMEX 10/17

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. HILTON

Full Name (Last, First, Middle Initial)

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7826

Amount of Each Disbursement this Period: 14.30

AMEX 10/17

Memo Item

B. HILTON

Full Name (Last, First, Middle Initial)

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7831

Amount of Each Disbursement this Period: 43.70

AMEX 10/17

Memo Item

C. HILTON

Full Name (Last, First, Middle Initial)

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7832

Amount of Each Disbursement this Period: 96.89

AMEX 10/17

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. HOTEL MONACO

Mailing Address 222 KEARNY ST
SUITE 200

City SAN FRANCISCO State CA Zip Code 94108

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

FEC Identification Number

C []

Transaction ID : SB29.I7813

Amount of Each Disbursement this Period

[] 359.34

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

B. HYATT

Mailing Address 71 SOUTH WACKER DR.
12TH FLOOR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	6

FEC Identification Number

C []

Transaction ID : SB29.I7838

Amount of Each Disbursement this Period

[] 39.08

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

C. HYATT

Mailing Address 71 SOUTH WACKER DR.
12TH FLOOR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	6

FEC Identification Number

C []

Transaction ID : SB29.I7839

Amount of Each Disbursement this Period

[] 136.81

AMEX 10/17

Memo Item

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

[] 0.00

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. HYATT

Mailing Address 71 SOUTH WACKER DR.
12TH FLOOR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2016

FEC Identification Number

C

Transaction ID : SB29.I7840

Amount of Each Disbursement this Period

569.84

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

B. HYATT

Mailing Address 71 SOUTH WACKER DR.
12TH FLOOR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2016

FEC Identification Number

C

Transaction ID : SB29.I7868

Amount of Each Disbursement this Period

333.82

AMEX 10/17

Memo Item

Full Name (Last, First, Middle Initial)

C. LIMOLINK

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2016

FEC Identification Number

C

Transaction ID : SB29.I7804

Amount of Each Disbursement this Period

225.40

AMEX 10/17

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. LIMOLINK		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016	
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED]	
City MARION	State IA	Zip Code 52302	Transaction ID : SB29.I7805
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 258.10
Candidate Name			AMEX 10/17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. LIMOLINK		Date of Disbursement MM / DD / YYYY 08 / 31 / 2016	
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED]	
City MARION	State IA	Zip Code 52302	Transaction ID : SB29.I7814
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 653.40
Candidate Name			AMEX 10/17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 04 / 2016	
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED]	
City MARION	State IA	Zip Code 52302	Transaction ID : SB29.I7835
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 176.90
Candidate Name			AMEX 10/17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7836

Amount of Each Disbursement this Period: 166.40

AMEX 10/17

Memo Item

B. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7841

Amount of Each Disbursement this Period: 712.80

AMEX 10/17

Memo Item

C. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7856

Amount of Each Disbursement this Period: 188.40

AMEX 10/17

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 10 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7864

Amount of Each Disbursement this Period: 182.40

AMEX 10/17

Memo Item

B. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 10 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7865

Amount of Each Disbursement this Period: 178.90

AMEX 10/17

Memo Item

C. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7882

Amount of Each Disbursement this Period: 361.40

AMEX 10/17

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7883 Amount of Each Disbursement this Period [REDACTED] 478.20 AMEX 10/17
City MARION	State IA	Zip Code 52302
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7857 Amount of Each Disbursement this Period [REDACTED] 239.20 AMEX 10/17
City BETHESDA	State MD	Zip Code 20817
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7858 Amount of Each Disbursement this Period [REDACTED] 242.20 AMEX 10/17
City BETHESDA	State MD	Zip Code 20817
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDES-VOUS LIMOUSINE, LLC		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address 5252 CHEROKEE AVE		FEC Identification Number C [] Transaction ID : SB29.I7842 Amount of Each Disbursement this Period [] 181.41 AMEX 10/17
City ALEXANDRIA	State VA	Zip Code 22312
Purpose of Disbursement TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDES-VOUS LIMOUSINE, LLC		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address 5252 CHEROKEE AVE		FEC Identification Number C [] Transaction ID : SB29.I7843 Amount of Each Disbursement this Period [] 181.01 AMEX 10/17
City ALEXANDRIA	State VA	Zip Code 22312
Purpose of Disbursement TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RENDES-VOUS LIMOUSINE, LLC		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address 5252 CHEROKEE AVE		FEC Identification Number C [] Transaction ID : SB29.I7844 Amount of Each Disbursement this Period [] 154.05 AMEX 10/17
City ALEXANDRIA	State VA	Zip Code 22312
Purpose of Disbursement TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

[] 0.00
[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDES-VOUS LIMOUSINE, LLC		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address 5252 CHEROKEE AVE		FEC Identification Number C [] Transaction ID : SB29.I7845 Amount of Each Disbursement this Period [] 154.05 AMEX 10/17
City ALEXANDRIA	State VA	Zip Code 22312
Purpose of Disbursement TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDES-VOUS LIMOUSINE, LLC		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address 5252 CHEROKEE AVE		FEC Identification Number C [] Transaction ID : SB29.I7846 Amount of Each Disbursement this Period [] 154.05 AMEX 10/17
City ALEXANDRIA	State VA	Zip Code 22312
Purpose of Disbursement TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RENDES-VOUS LIMOUSINE, LLC		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address 5252 CHEROKEE AVE		FEC Identification Number C [] Transaction ID : SB29.I7847 Amount of Each Disbursement this Period [] 154.05 AMEX 10/17
City ALEXANDRIA	State VA	Zip Code 22312
Purpose of Disbursement TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 27 / 2016
Mailing Address 2702 LOVE FIELD		FEC Identification Number C Transaction ID : SB29.I7776 Amount of Each Disbursement this Period 8.00 AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 31 / 2016
Mailing Address 2702 LOVE FIELD		FEC Identification Number C Transaction ID : SB29.I7815 Amount of Each Disbursement this Period 8.00 AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 10 / 2016
Mailing Address 2702 LOVE FIELD		FEC Identification Number C Transaction ID : SB29.I7866 Amount of Each Disbursement this Period 197.98 AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 12 / 2016
Mailing Address 2702 LOVE FIELD		FEC Identification Number C Transaction ID : SB29.I7869 Amount of Each Disbursement this Period 213.97 AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C Transaction ID : SB29.I7772 Amount of Each Disbursement this Period 43.08 AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
City SAN FRANCISCO	State CA	
Zip Code 94103	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C Transaction ID : SB29.I7773 Amount of Each Disbursement this Period 6.41 AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
City SAN FRANCISCO	State CA	
Zip Code 94103	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 08 / 27 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7779
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period [REDACTED] 13.35	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 08 / 29 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7790
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement REFUND - TRAVEL	Amount of Each Disbursement this Period [REDACTED] -13.35	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 08 / 29 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7791
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period [REDACTED] 11.87	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

[REDACTED] 0.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 08 / 29 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB29.I7792 Amount of Each Disbursement this Period [] 30.38 AMEX 10/17
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 08 / 29 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB29.I7793 Amount of Each Disbursement this Period [] -8.50 AMEX 10/17
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement REFUND - TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB29.I7807 Amount of Each Disbursement this Period [] 25.56 AMEX 10/17
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7808
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 12.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7809
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 6.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7810
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 6.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

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

[REDACTED] 0.00

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 01 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7821 Amount of Each Disbursement this Period [REDACTED] 15.53 AMEX 10/17
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/ Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 02 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7827 Amount of Each Disbursement this Period [REDACTED] 32.67 AMEX 10/17
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/ Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 04 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7837 Amount of Each Disbursement this Period [REDACTED] 36.96 AMEX 10/17
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/ Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

[REDACTED] 0.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7848
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 48.35	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 10 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7867
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 14.44	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 12 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7870
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 40.25	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

[REDACTED] 0.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB29.I7872
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [] 44.18
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB29.I7885
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [] 48.77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB29.I7886
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [] 35.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7887
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 16.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7888
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 41.36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7889
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 22.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMEX 10/17 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

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

[REDACTED] 0.00

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7896 Amount of Each Disbursement this Period [REDACTED] 38.93 AMEX 10/17
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7897 Amount of Each Disbursement this Period [REDACTED] 10.00 AMEX 10/17
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 18 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7915 Amount of Each Disbursement this Period [REDACTED] 38.49 AMEX 10/17
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 27 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7780
Amount of Each Disbursement this Period: 263.10
AMEX 10/17
 Memo Item

B. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 27 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7781
Amount of Each Disbursement this Period: 263.10
AMEX 10/17
 Memo Item

C. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 30 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7811
Amount of Each Disbursement this Period: 145.10
AMEX 10/17
 Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016	
Mailing Address P.O. BOX 06649		FEC Identification Number C [] Transaction ID : SB29.I7812 Amount of Each Disbursement this Period [] 145.10 AMEX 10/17	
City CHICAGO	State IL	Zip Code 60606	Category/ Type []
Purpose of Disbursement TRAVEL		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016	
Mailing Address P.O. BOX 06649		FEC Identification Number C [] Transaction ID : SB29.I7873 Amount of Each Disbursement this Period [] 490.10 AMEX 10/17	
City CHICAGO	State IL	Zip Code 60606	Category/ Type []
Purpose of Disbursement TRAVEL		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016	
Mailing Address P.O. BOX 06649		FEC Identification Number C [] Transaction ID : SB29.I7874 Amount of Each Disbursement this Period [] 490.10 AMEX 10/17	
City CHICAGO	State IL	Zip Code 60606	Category/ Type []
Purpose of Disbursement TRAVEL		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 17 / 2016	
Mailing Address P.O. BOX 06649		FEC Identification Number C [REDACTED]	
City CHICAGO	State IL	Zip Code 60606	Transaction ID : SB29.I7906
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 243.10
Candidate Name			AMEX 10/17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 17 / 2016	
Mailing Address P.O. BOX 06649		FEC Identification Number C [REDACTED]	
City CHICAGO	State IL	Zip Code 60606	Transaction ID : SB29.I7907
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 243.10
Candidate Name			AMEX 10/17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 09 / 17 / 2016	
Mailing Address 475 L'ENFANT PLZ SW		FEC Identification Number C [REDACTED]	
City WASHINGTON	State DC	Zip Code 20260	Transaction ID : SB29.I7908
Purpose of Disbursement POSTAGE		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 13.45
Candidate Name			AMEX 10/17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 08 / 27 / 2016
Mailing Address 555 AIRPORT BLVD FL2		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7782 Amount of Each Disbursement this Period [REDACTED] 1074.20 AMEX 10/17
City BURLINGAME	State CA	Zip Code 94010
Purpose of Disbursement TRAVEL	Category/ Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input checked="" type="checkbox"/>		

Full Name (Last, First, Middle Initial) B. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 08 / 27 / 2016
Mailing Address 555 AIRPORT BLVD FL2		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7783 Amount of Each Disbursement this Period [REDACTED] 1074.20 AMEX 10/17
City BURLINGAME	State CA	Zip Code 94010
Purpose of Disbursement TRAVEL	Category/ Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input checked="" type="checkbox"/>		

Full Name (Last, First, Middle Initial) C. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016
Mailing Address 555 AIRPORT BLVD FL2		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7875 Amount of Each Disbursement this Period [REDACTED] -537.10 AMEX 10/17
City BURLINGAME	State CA	Zip Code 94010
Purpose of Disbursement REFUND - TRAVEL	Category/ Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input checked="" type="checkbox"/>		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016
Mailing Address 555 AIRPORT BLVD FL2		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7876 Amount of Each Disbursement this Period [REDACTED] -537.10 AMEX 10/17
City BURLINGAME	State CA	Zip Code 94010
Purpose of Disbursement REFUND - TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input checked="" type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. VIRTUE FEED & GRAIN		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address 106 S UNION ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7892 Amount of Each Disbursement this Period [REDACTED] 118.18 AMEX 10/17
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input checked="" type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. ZOH0 CORPORATION		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016
Mailing Address 5200 FRANKLIN DR. STE 115		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7877 Amount of Each Disbursement this Period [REDACTED] 75.00 AMEX 10/17
City PLEASANTON	State CA	Zip Code 94588
Purpose of Disbursement COMPUTERS & EQUIPMENT		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input checked="" type="checkbox"/>	

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

[REDACTED] 0.00

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

[REDACTED]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016
Mailing Address 200 VESEY ST		FEC Identification Number C [] Transaction ID : SB29.I7922 Amount of Each Disbursement this Period [] -13673.82
City NEW YORK	State NY	Zip Code 10285
Purpose of Disbursement TRANSFER FROM NON-CONTRIBUTION ACCOUNT		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ARLINGTON COUNTY REPUBLICAN COMMITTEE		Date of Disbursement MM / DD / YYYY 10 / 09 / 2016
Mailing Address PO BOX 3081		FEC Identification Number C [] Transaction ID : SB29.I7494 Amount of Each Disbursement this Period [] 1000.00
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BEDFORD COUNTY REPUBLICAN COMMITTEE		Date of Disbursement MM / DD / YYYY 10 / 09 / 2016
Mailing Address 107 N BRIDGE ST		FEC Identification Number C [] Transaction ID : SB29.I7500 Amount of Each Disbursement this Period [] 500.00
City BEDFORD	State VA	Zip Code 24523
Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] -12173.82
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. CHESTERFIELD COUNTY REPUBLICAN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 09 / 2016	
Mailing Address PO BOX 4718		FEC Identification Number C [] Transaction ID : SB29.I7488 Amount of Each Disbursement this Period [] 1000.00	
City MIDLOTHIAN State VA Zip Code 23112	Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)	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:	Memo Item <input type="checkbox"/>		
Full Name (Last, First, Middle Initial) B. FAIRFAX COUNTY REPUBLICAN COMMITTEE - STATE ACCOUNT		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 09 / 2016	
Mailing Address 4246 CHAIN BRIDGE RD		FEC Identification Number C [] Transaction ID : SB29.I7486 Amount of Each Disbursement this Period [] 5000.00	
City FAIRFAX State VA Zip Code 22030	Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)	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:	Memo Item <input type="checkbox"/>		
Full Name (Last, First, Middle Initial) C. HANOVER COUNTY REPUBLICAN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 09 / 2016	
Mailing Address 3420 PUMP RD STE 296		FEC Identification Number C [] Transaction ID : SB29.I7493 Amount of Each Disbursement this Period [] 1000.00	
City HENRICO State VA Zip Code 23233	Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)	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:	Memo Item <input type="checkbox"/>		
SUBTOTAL of Disbursements This Page (optional)..... ▶		[] 7000.00	
TOTAL This Period (last page this line number only)..... ▶		[]	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. HENRICO COUNTY REPUBLICAN COMMITTEE		Date of Disbursement MM / DD / YYYY 10 / 09 / 2016
Mailing Address PO BOX 2424		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7491 Amount of Each Disbursement this Period 1000.00
City GLEN ALLEN	State VA	Zip Code 23058
Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. JAMES CITY COUNTY REPUBLICAN COMMITTEE		Date of Disbursement MM / DD / YYYY 10 / 09 / 2016
Mailing Address PO BOX 2104		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7499 Amount of Each Disbursement this Period 500.00
City WILLIAMSBURG	State VA	Zip Code 23187
Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. JOHNSON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address 4612 DUSIK LN		FEC Identification Number C [REDACTED] Transaction ID : SB29.I7478 Amount of Each Disbursement this Period 3929.05
City AUSTIN	State TX	Zip Code 78746
Purpose of Disbursement CONSULTANT TRAVEL EXPENSES (NON-CONTRIBUTION ACCOUNT)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

5429.05

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. JOHNSON STRATEGIES LLC

Full Name (Last, First, Middle Initial)
Mailing Address 4612 DUSIK LN

City AUSTIN State TX Zip Code 78746

Purpose of Disbursement STRATEGIC CONSULTING (NON-CONTRIBUTION ACCOUNT)

Candidate Name

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

State: District:

Date of Disbursement: 10 / 09 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7485
Amount of Each Disbursement this Period: 8000.00

Memo Item

B. LOUDOUN COUNTY REPUBLICAN COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 547

City LEESBURG State VA Zip Code 20178

Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)

Candidate Name

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

State: District:

Date of Disbursement: 10 / 09 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7489
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. MLJ CONSULTING, INC.

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26402

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement RENT, STRATEGIC CONSULTING (NON-CONTRIBUTION ACCOUNT)

Candidate Name

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

State: District:

Date of Disbursement: 10 / 09 / 2016

FEC Identification Number: C
Transaction ID : SB29.I7484
Amount of Each Disbursement this Period: 31214.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 40214.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. PRINCE WILLIAM COUNTY REPUBLICAN COMMITTEE		Date of Disbursement MM / DD / YYYY 10 / 09 / 2016
Mailing Address 4431 PRINCE WILLIAM PKWY		FEC Identification Number C [] Transaction ID : SB29.I7490
City WOODBIDGE	State VA	Zip Code 22192
Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)		Amount of Each Disbursement this Period [] 1000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. REPUBLICAN PARTY OF VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 10 / 09 / 2016
Mailing Address 2955 VIRGINIA BEACH BLVD STE 105		FEC Identification Number C [] Transaction ID : SB29.I7487
City VIRGINIA BEACH	State VA	Zip Code 23452
Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)		Amount of Each Disbursement this Period [] 1000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. REPUBLICAN PARTY OF CHESAPEAKE		Date of Disbursement MM / DD / YYYY 10 / 09 / 2016
Mailing Address 524 JOHNSTOWN RD		FEC Identification Number C [] Transaction ID : SB29.I7492
City CHESAPEAKE	State VA	Zip Code 23322
Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)		Amount of Each Disbursement this Period [] 1000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

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

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

[] 3000.00
[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. ROANOKE COUNTY REPUBLICAN COMMITTEE		Date of Disbursement MM / DD / YYYY 10 / 09 / 2016
Mailing Address PO BOX 20923		FEC Identification Number C [] Transaction ID : SB29.I7498
City ROANOKE	State VA	Zip Code 24018
Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)		Amount of Each Disbursement this Period [] 500.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SPOTSYLVANIA COUNTY REPUBLICAN COMMITTEE		Date of Disbursement MM / DD / YYYY 10 / 09 / 2016
Mailing Address 9410 EVERETTE CT		FEC Identification Number C [] Transaction ID : SB29.I7496
City SPOTSYLVANIA	State VA	Zip Code 22553
Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)		Amount of Each Disbursement this Period [] 1000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. STAFFORD COUNTY REPUBLICAN COMMITTEE		Date of Disbursement MM / DD / YYYY 10 / 09 / 2016
Mailing Address 2108 JEFFERSON DAVIS HWY		FEC Identification Number C [] Transaction ID : SB29.I7495
City STAFFORD	State VA	Zip Code 22554
Purpose of Disbursement NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)		Amount of Each Disbursement this Period [] 1000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2500.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
TRANSFER FROM NON-CONTRIBUTION ACCOUNT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7920

Amount of Each Disbursement this Period: 7022.68

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7022.68
TOTAL This Period (last page this line number only).....▶	80839.56