FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
12 APR 16 PM 12:41
Office Use Only

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

CARLY FOR CALIFORNIA INC

ADDRESS (number and street) ▼

C/O PATTON BOGGS
2550 M STREET NW

☐ Check if different than previously reported. (ACC)

WASHINGTON (CITY ▲) DC (STATE ▲) 20037 – (ZIP CODE ▲)

2. **FEC IDENTIFICATION NUMBER ▼** C C00469924

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

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

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on MM 11 / DD 06 / YYYY 2012 in the State of

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

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM 11 / DD 06 / YYYY 2012 in the State of

5. Covering Period MM 01 / DD 01 / YYYY 2012 through MM 03 / DD 31 / YYYY 2012

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

Type or Print Name of Treasurer Sal Purpura

Signature of Treasurer

Date MM 04 / DD 06 / YYYY 2012

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

Office Use Only							

FEC FORM 3
(Revised 02/2003)

FE5AN018

12020260012

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CARLY FOR CALIFORNIA INC

Report Covering the Period: From: 01 / 01 / 2012 To: 03 / 31 / 2012

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	17487.34
(b) Total Contribution Refunds (from Line 20(d))	0.00	27927.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	-10439.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1120.00	610719.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	25874.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1120.00	584844.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9347.97	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	742606.88	

For further information contact:

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

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

12020260013

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CARLY FOR CALIFORNIA INC

Report Covering the Period: From: 01 / 01 / 2012 To: 03 / 31 / 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	9350.00
(ii) Unitemized	0.00	5137.34
(iii) TOTAL of contributions from individuals ▶	0.00	14487.34
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	3000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	17487.34
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	172125.25
13. LOANS: (a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	25874.35
15. OTHER RECEIPTS (Dividends, Interest, etc.)	656.29	71846.29
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	656.29	287333.23

12020260014

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	1120.00	610719.27
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	35874.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	27927.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	27927.00
21. OTHER DISBURSEMENTS	0.00	27806.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1120.00	702326.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	9811.68
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	656.29
25. SUBTOTAL (add Line 23 and Line 24)	10467.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	1120.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	9347.97

12020260015

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A.
Full Name (Last, First, Middle Initial): SCM ASSOCIATES, INC
Mailing Address: 1283 MAIN ST
City: DUBLIN
State: NH
Zip Code: 03444
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 656.29
Date of Receipt: 02 / 14 / 2012
Transaction ID : SA15.1
Amount of Each Receipt this Period: 656.29
LIST RENTAL INCOME

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City:
State:
Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: / /
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City:
State:
Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: / /
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 656.29

TOTAL This Period (last page this line number only) 656.29

12020260016

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A.
Full Name (Last, First, Middle Initial): ATCHLEY & ASSOCIATES
Mailing Address: 6850 AUSTIN CENTER BLVD
City: AUSTIN State: TX Zip Code: 78731
Purpose of Disbursement: ACCOUNTING CONSULTING
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 31 / 2012
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.6

B.
Full Name (Last, First, Middle Initial): BELL MCANDREWS & HILTACHK LLP
Mailing Address: 455 CAPITOL MALL STE 600
City: SACARAMENTO State: CA Zip Code: 95814
Purpose of Disbursement: REGISTRATION FEE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 06 / 2012
Amount of Each Disbursement this Period: 20.00
Transaction ID : SB17.8

C.
Full Name (Last, First, Middle Initial): CAMPAIGN SOLUTIONS
Mailing Address: 117 N ST ASAPH ST
City: ALEXANDRIA State: VA Zip Code: 22314
Purpose of Disbursement: WEB SERVICE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 31 / 2012
Amount of Each Disbursement this Period: 150.00
Transaction ID : SB17.7

SUBTOTAL of Disbursements This Page (optional) 670.00

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

12020260017

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A.
Full Name (Last, First, Middle Initial): CMDI
Mailing Address: 7704 LEESBURG PIKE
City: FALLS CHURCH State: VA Zip Code: 22043
Purpose of Disbursement: DATABASE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 16 / 2012
Amount of Each Disbursement this Period: 100.00
Transaction ID : SB17.1

B.
Full Name (Last, First, Middle Initial): CMDI
Mailing Address: 7704 LEESBURG PIKE
City: FALLS CHURCH State: VA Zip Code: 22043
Purpose of Disbursement: DATABASE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 16 / 2012
Amount of Each Disbursement this Period: 100.00
Transaction ID : SB17.2

C.
Full Name (Last, First, Middle Initial): CMDI
Mailing Address: 7704 LEESBURG PIKE
City: FALLS CHURCH State: VA Zip Code: 22043
Purpose of Disbursement: DATABASE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 30 / 2012
Amount of Each Disbursement this Period: 100.00
Transaction ID : SB17.3

SUBTOTAL of Disbursements This Page (optional) 300.00

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

12020260018

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A.
Full Name (Last, First, Middle Initial): CMDI
Mailing Address: 7704 LEESBURG PIKE
City: FALLS CHURCH State: VA Zip Code: 22043
Purpose of Disbursement: DATABASE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 30 / 2012
Amount of Each Disbursement this Period: 100.00
Transaction ID : SB17.4

B.
Full Name (Last, First, Middle Initial): CMDI
Mailing Address: 7704 LEESBURG PIKE
City: FALLS CHURCH State: VA Zip Code: 22043
Purpose of Disbursement: DATABASE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 30 / 2012
Amount of Each Disbursement this Period: 50.00
Transaction ID : SB17.5

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: / /
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) 150.00

TOTAL This Period (last page this line number only) 1120.00

12020260019

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

Transaction ID : SC.01

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
CARLY FIORINA

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
455 CAPITOL MALL STE 801

City	State	ZIP Code
SACRAMENTO	CA	95814

RECEIVED FROM CANDIDATE'S PERSONAL FUNDS

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	0.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 / D D 09 / Y Y Y Y 2009	M M / D D / Y Y Y Y 06/27/2010	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 0.00

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

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

12020260020

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

Transaction ID : SC.02

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
CARLY FIORINA

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
455 CAPITOL MALL STE 801

City	State	ZIP Code
SACRAMENTO	CA	95814

RECEIVED FROM CANDIDATE'S PERSONAL FUNDS

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000000.00	0.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 12 / D D 30 / Y Y Y Y 2009	M M / D D / Y Y Y Y 06/27/2010	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 0.00

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

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

12020260021

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

Transaction ID : SC.03

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
CARLY FIORINA

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
455 CAPITOL MALL STE 801

City	State	ZIP Code
SACRAMENTO	CA	95814

RECEIVED FROM CANDIDATE'S PERSONAL FUNDS

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1139500.00	0.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 12 / 2010	MM / DD / 06/27/2010	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 0.00

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

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

12020260022

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

Transaction ID : SC.04

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
CARLY FIORINA

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
455 CAPITOL MALL STE 801

City	State	ZIP Code
SACRAMENTO	CA	95814

RECEIVED FROM CANDIDATE'S PERSONAL FUNDS

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000000.00	0.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 20 / 2010	06/27/2010	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 0.00

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

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

12020260023

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

Transaction ID : SC.05

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
CARLY FIORINA

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
455 CAPITOL MALL STE 801

City	State	ZIP Code
SACRAMENTO	CA	95814

RECEIVED FROM CANDIDATE'S PERSONAL FUNDS

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
900000.00	40000.00	250000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 26 / 2010	06/27/2010	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 250000.00

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

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

12020260024

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

Transaction ID : SC.06

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
CARLY FIORINA

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
455 CAPITOL MALL STE 801

City	State	ZIP Code
SACRAMENTO	CA	95814

RECEIVED FROM CANDIDATE'S PERSONAL FUNDS

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	250000.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 14 / 2010	11/02/2010	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 0.00

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

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

12020260025

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

Transaction ID : SC.07

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
CARLY FIORINA

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
455 CAPITOL MALL STE 801

City	State	ZIP Code
SACRAMENTO	CA	95814

RECEIVED FROM CANDIDATE'S PERSONAL FUNDS

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000000.00	1000000.00	0.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
10 / 21 / 2010	11/02/2010	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 0.00

TOTALS This Period (last page in this line only) ▶ 250000.00

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

12020260026

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

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

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CARLY FIORINA

Mailing Address 520 CAPITOL MALL, SUITE 220

City SACRAMENTO State CA Zip Code 95814

Nature of Debt (Purpose): TRAVEL

Transaction ID : SD10.2

Outstanding Balance Beginning This Period: 298.50
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 298.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JEFF CORLESS

Mailing Address 2382 SUNNINGDALE DR

City TUSTIN State CA Zip Code 92782

Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING

Transaction ID : SD10.4

Outstanding Balance Beginning This Period: 7500.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 7500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RENEE CROCE

Mailing Address 909 M SEPULVEDA BLVD

City EL SEGUNDO State CA Zip Code 90245

Nature of Debt (Purpose): FINANCE CONSULTING

Transaction ID : SD10.8

Outstanding Balance Beginning This Period: 36543.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 36543.00

1) **SUBTOTALS** This Period This Page (optional) ▶	44341.50
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	250000.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	250000.00

12020260027

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

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

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ANDREW DAVIS

Mailing Address 1020 12TH ST-SUITE 309

City SACRAMENTO State CA Zip Code 95814

Nature of Debt (Purpose): RESEARCH CONSULTING

Transaction ID : SD10.1

Outstanding Balance Beginning This Period: 4500.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 4500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JENNIFER KERNS

Mailing Address 1017 L ST #368

City SACRAMENTO State CA Zip Code 95814

Nature of Debt (Purpose): COMMUNICATIONS CONSULTING

Transaction ID : SD10.5

Outstanding Balance Beginning This Period: 5000.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
EDDIE KOUYOUMDJIAN

Mailing Address 419 W NORTHRIDGE AVE

City GLENDORA State CA Zip Code 91741

Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING

Transaction ID : SD10.17

Outstanding Balance Beginning This Period: 5000.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 5000.00

1) **SUBTOTALS** This Period This Page (optional) ▶	14500.00
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	250000.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	250000.00

12020260028

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

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

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JULIE SODERLUND

Mailing Address 1972 BIDWELL WY

City SACRAMENTO State CA Zip Code 95818

Nature of Debt (Purpose): COMMUNICATIONS CONSULTING

Transaction ID : SD10.6

Outstanding Balance Beginning This Period: 3750.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 3750.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MARTIN WILSON

Mailing Address 5080 KEANE DR

City CARMICHAEL State CA Zip Code 95608

Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING

Transaction ID : SD10.7

Outstanding Balance Beginning This Period: 60000.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 60000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ARISTEIA GROUP INC

Mailing Address 1203 PORTNER RD

City ALEXANDRIA State VA Zip Code 22314

Nature of Debt (Purpose): FINANCE CONSULTING

Transaction ID : SD10.9

Outstanding Balance Beginning This Period: 7159.95
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 7159.95

1) **SUBTOTALS** This Period This Page (optional) ▶	70909.95
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	250000.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	250000.00

12020260029

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

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

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CAMPAIGN SOLUTIONS

Mailing Address 118 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Nature of Debt (Purpose): WEB SERVICE/TRAVEL

Transaction ID : SD10.12

Outstanding Balance Beginning This Period: 4122.89
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 4122.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CD INC

Mailing Address PO BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Nature of Debt (Purpose): WEB SERVICE

Transaction ID : SD10.13

Outstanding Balance Beginning This Period: 12517.65
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 12517.65

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Nature of Debt (Purpose): DATA ENTRY SVC

Transaction ID : SD10.14

Outstanding Balance Beginning This Period: 32147.75
Amount Incurred This Period: 0.00
Payment This Period: 450.00
Outstanding Balance at Close of This Period: 31697.75

1) **SUBTOTALS** This Period This Page (optional) ▶	48338.29
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	250000.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	250000.00

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12020260030

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

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

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DAVIS GROUP

Mailing Address 6621 E PACIFIC COAST HWY

City: LONG BEACH State: CA Zip Code: 90803

Nature of Debt (Purpose): FINANCE CONSULTING

Transaction ID : SD10.16

Outstanding Balance Beginning This Period: 43156.64
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 43156.64

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
EMAIL DIRECT BILLING SERVICES

Mailing Address 2995 PROSPECT PARK DR

City: RANCHO CORDOVA State: CA Zip Code: 95670

Nature of Debt (Purpose): WEB SERVICE

Transaction ID : SD10.18

Outstanding Balance Beginning This Period: 1112.50
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 1112.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
GR SEPPALA & ASSOCIATES LLC

Mailing Address 1161 E WAYZATA BLVD BOX 210

City: WAYZATA State: MN Zip Code: 55391

Nature of Debt (Purpose): FINANCE CONSULTING/TRAVEL

Transaction ID : SD10.19

Outstanding Balance Beginning This Period: 19997.30
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 19997.30

1) **SUBTOTALS** This Period This Page (optional) ▶	64266.44
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	250000.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	250000.00

12020260031

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

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

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
HAND COMPANY

Mailing Address 4111 W ALAMEDA AVE STE 412

City BURBANK State CA Zip Code 91505

Nature of Debt (Purpose): STAGING

Transaction ID : SD10.20

Outstanding Balance Beginning This Period: 4800.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 4800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Nature of Debt (Purpose): COMPLIANCE CONSULTING

Transaction ID : SD10.21

Outstanding Balance Beginning This Period: 6806.25
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 6806.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JOE SHUMATE & ASSOCIATES INC

Mailing Address 55 MONTE MAR DR

City SAUSALITO State CA Zip Code 94965

Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING

Transaction ID : SD10.22

Outstanding Balance Beginning This Period: 30000.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 30000.00

1) **SUBTOTALS** This Period This Page (optional) ▶	41606.25
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	250000.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	250000.00

12020260032

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

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

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KRAMER & ASSOCIATES

Mailing Address 2222 FRANCISCO DR STE 510-183

City: EL DORADO HILLS State: CA Zip Code: 95762

Nature of Debt (Purpose): FINANCE CONSULTING

Transaction ID : SD10.23

Outstanding Balance Beginning This Period: 6434.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 6434.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LAW OFFICES OF NEIL SHAPIRO

Mailing Address 2100 GARDEN RD

City: MONTEREY State: CA Zip Code: 93940

Nature of Debt (Purpose): LEGAL CONSULTING

Transaction ID : SD10.24

Outstanding Balance Beginning This Period: 2290.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 2290.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MARRIOTT GROUP

Mailing Address 113 S ST ASAPH ST STE 200

City: ALEXANDRIA State: VA Zip Code: 22314

Nature of Debt (Purpose): FINANCE CONSULTING/TRAVEL

Transaction ID : SD10.25

Outstanding Balance Beginning This Period: 19347.16
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 19347.16

1) **SUBTOTALS** This Period This Page (optional) ▶	28071.16
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	250000.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	250000.00

12020260035

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

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

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MERIDIAN PACIFIC INC

Mailing Address 925 UNIVERSITY AVE

City SACRAMENTO State CA Zip Code 95825

Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING/PRINTING/T

Transaction ID : SD10.26

Outstanding Balance Beginning This Period: 55657.67
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 55657.67

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MICHAEL D MEYERS CO INC.

Mailing Address 1803 42ND AVE E

City SEATTLE State WA Zip Code 98112

Nature of Debt (Purpose): SURVEY RESEARCH

Transaction ID : SD10.27

Outstanding Balance Beginning This Period: 15000.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 15000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PATTON BOGGS

Mailing Address 2550 M ST NW

City WASHINGTON State DC Zip Code 20037

Nature of Debt (Purpose): LEGAL CONSULTING

Transaction ID : SD10.28

Outstanding Balance Beginning This Period: 43566.91
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 43566.91

1) **SUBTOTALS** This Period This Page (optional) ▶	114224.58
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	250000.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	250000.00

12020250034

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

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

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
POLITICAL DATA

Mailing Address PO BOX 1706

City BURBANK State CA Zip Code 91507

Nature of Debt (Purpose): LIST MANAGEMENT

Transaction ID : SD10.39

Outstanding Balance Beginning This Period: 11800.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 11800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
STEVE H GORDON & ASSOCIATES

Mailing Address 507 CAPITOL CT

City WASHINGTON State DC Zip Code 20092

Nature of Debt (Purpose): FINANCE CONSULTING

Transaction ID : SD10.31

Outstanding Balance Beginning This Period: 10000.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TARRANCE GROUP

Mailing Address 201 N UNION

City ALEXANDRIA State VA Zip Code 22314

Nature of Debt (Purpose): SURVEY RESEARCH

Transaction ID : SD10.32

Outstanding Balance Beginning This Period: 1283.85
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 1283.85

1) **SUBTOTALS** This Period This Page (optional) ▶	23083.85
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	250000.00
4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶	250000.00

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

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

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)
CARLY FOR CALIFORNIA INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
VERVE

Mailing Address 925 UNIVERSITY AVE STE V

City SACRAMENTO State CA Zip Code 95825

Nature of Debt (Purpose): WEB SERVICE

Transaction ID : SD10.35

Outstanding Balance Beginning This Period: 15264.86
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 15264.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
VOTER CONSUMER RESEARCH

Mailing Address 501 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Nature of Debt (Purpose): SURVEY RESEARCH

Transaction ID : SD10.36

Outstanding Balance Beginning This Period: 7500.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 7500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WILSON-MILLER COMMUNICATIONS INC

Mailing Address 1415 L ST STE 430

City SACRAMENTO State CA Zip Code 95814

Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING/TRAVEL

Transaction ID : SD10.37

Outstanding Balance Beginning This Period: 20500.00
Amount Incurred This Period: 0.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 20500.00

1) **SUBTOTALS** This Period This Page (optional) ▶	43264.86
2) **TOTALS** This Period (last page this line number only) ▶	492606.88
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	250000.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	742606.88

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Carly for California

April 10th, 2012

Mr. Raymond Davis
Secretary of the Senate-Public Records
232 Hart Senate Building
Washington, DC 20510

Dear Mr. Davis:

Enclosed is the April quarterly report for Carly for CA.

FEC ID C00469924

Please let me know if you have any questions email salpurpura2010@gmail.com or call 202-498-5258

Thanks

Salvatore Purpura
Treasurer
Carly for California

12020260037

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Page 1 of 1

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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	04-10-12	☒
UPS		☐
DHL		☐
AIRBORNE EXPRESS		☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 04-16-12

12020260039

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