FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
12 JAN 10 AM 10:50
SECRETARY OF THE SENATE
12 JAN 11 AM 10:50

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 10 / DD 01 / YYYY 2011 through MM 12 / DD 31 / YYYY 2011

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 Sal Purpura Date MM 01 / 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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CARLY FOR CALIFORNIA INC

Report Covering the Period: From: 10 / 01 / 2011 To: 12 / 31 / 2011

	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)	736.73	609599.27
(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))	736.73	583724.92
8. Cash on Hand at Close of Reporting Period (from Line 27)	9811.68	
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)	743056.88	

For further information contact:

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

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

12020011134

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)

Write or Type Committee Name

CARLY FOR CALIFORNIA INC

Report Covering the Period: From: MM 10 / DD 01 / YYYY 2011 To: MM 12 / DD 31 / YYYY 2011

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.)	0.00	71190.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	0.00	286676.94

12020011135

FE5AN018

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	736.73	609599.27
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	27726.00	27806.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	28462.73	701206.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	38274.41
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	0.00
25. SUBTOTAL (add Line 23 and Line 24)	38274.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	28462.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	9811.68

12020011563

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

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): 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: 10 / 27 / 2011
Amount of Each Disbursement this Period: 100.00
Transaction ID : SB17.3

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: 10 / 27 / 2011
Amount of Each Disbursement this Period: 100.00
Transaction ID : SB17.5

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: 10 / 27 / 2011
Amount of Each Disbursement this Period: 50.00
Transaction ID : SB17.6

SUBTOTAL of Disbursements This Page (optional) 250.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[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)
FEDEX

Mailing Address PO BOX 371461

City: PITTSBURGH
State: PA
Zip Code: 15250

Purpose of Disbursement: DELIVERY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 10 / 18 / 2011

Amount of Each Disbursement this Period: 14.31

Transaction ID : SB17.1

B. Full Name (Last, First, Middle Initial)
LOCKTON RISK SERVICES

Mailing Address PO BOX 87-9610

City: ST LOUIS
State: MO
Zip Code:

Purpose of Disbursement: INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 11 / 03 / 2011

Amount of Each Disbursement this Period: 472.42

Transaction ID : SB17.2

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: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 486.73

TOTAL This Period (last page this line number only) 736.73

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)
☐ 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)
FEDERAL ELECTION COMMISSION

Mailing Address PO BOX 979058

City: KANSAS CITY
State: MO
Zip Code: -9610

Purpose of Disbursement: FEE

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 26 / 2011

Amount of Each Disbursement this Period: 27726.00

Transaction ID : SB21.1

B.
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: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 27726.00

TOTAL This Period (last page this line number only) 27726.00

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)
CARLY FIORINA

[PERSONAL FUNDS]

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:
10 / 09 / 2009	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.

12020011140

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 12 M / D 30 D / 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.

12020011141

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:
M M 05 / D D 12 / Y Y Y Y 2010	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.

12020011142

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.04

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 [ ] No [x]

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.

12020011143

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.05

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: M 05 / D 26 / Y 2010

Date Due: M M / D D / Y 06/27/2010

Interest Rate: 0.00 % (apr)

Secured: [ ] 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.

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:
M 10 M / D 14 D / Y 2010 Y	M M / D D / Y 11/02/2010 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional) ▶ 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.

12020011145

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: SACRAMENTO | State: CA | ZIP Code: 95814

RECEIVED FROM CANDIDATE'S PERSONAL FUNDS

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

TERMS

Date Incurred: 10 / 21 / 2010
Date Due: 11/02/2010
Interest Rate: 0.00 % (apr)
Secured: [ ] 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.

12020711145

FE5AN018

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
CARLY FIORINA

Nature of Debt (Purpose): TRAVEL

Mailing Address 520 CAPITOL MALL, SUITE 220

City: SACRAMENTO State: CA Zip Code: 95814

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

Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING

Mailing Address 2382 SUNNINGDALE DR

City: TUSTIN State: CA Zip Code: 92782

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

Nature of Debt (Purpose): FINANCE CONSULTING

Mailing Address 909 M SEPULVEDA BLVD

City: EL SEGUNDO State: CA Zip Code: 90245

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

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
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

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

Nature of Debt (Purpose): COMMUNICATIONS CONSULTING

Mailing Address 1972 BIDWELL WY

City: SACRAMENTO State: CA Zip Code: 95818

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

Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING

Mailing Address 5080 KEANE DR

City: CARMICHAEL State: CA Zip Code: 95608

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

Nature of Debt (Purpose): FINANCE CONSULTING

Mailing Address 1203 PORTNER RD

City: ALEXANDRIA State: VA Zip Code: 22314

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

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
CAMPAIGN SOLUTIONS

Nature of Debt (Purpose): WEB SERVICE/TRAVEL

Mailing Address 118 N ST ASAPH ST

City: ALEXANDRIA State: VA Zip Code: 22314

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

Nature of Debt (Purpose): WEB SERVICE

Mailing Address PO BOX 1877

City: ALEXANDRIA State: VA Zip Code: 22313

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

Nature of Debt (Purpose): DATA ENTRY SVC

Mailing Address 7704 LEESBURG PIKE

City: FALLS CHURCH State: VA Zip Code: 22043

Transaction ID : SD10.14

Outstanding Balance Beginning This Period: 32397.75
Amount Incurred This Period: 0.00
Payment This Period: 250.00
Outstanding Balance at Close of This Period: 32147.75

1) **SUBTOTALS** This Period This Page (optional) ▶	48788.29
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

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
DAVIS GROUP

Nature of Debt (Purpose): FINANCE CONSULTING

Mailing Address 6621 E PACIFIC COAST HWY

City: LONG BEACH State: CA Zip Code: 90803

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

Nature of Debt (Purpose): WEB SERVICE

Mailing Address 2995 PROSPECT PARK DR

City: RANCHO CORDOVA State: CA Zip Code: 95670

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

Nature of Debt (Purpose): FINANCE CONSULTING/TRAVEL

Mailing Address 1161 E WAYZATA BLVD BOX 210

City: WAYZATA State: MN Zip Code: 55391

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

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
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

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
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

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

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

Mailing Address 925 UNIVERSITY AVE

City: SACRAMENTO State: CA Zip Code: 95825

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.

Nature of Debt (Purpose):
SURVEY RESEARCH

Mailing Address 1803 42ND AVE E

City: SEATTLE State: WA Zip Code: 98112

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

Nature of Debt (Purpose):
LEGAL CONSULTING

Mailing Address 2550 M ST NW

City: WASHINGTON State: DC Zip Code: 20037

Transaction ID : SD10.28

Outstanding Balance Beginning This Period: 43564.91

Amount Incurred This Period: 2.00

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

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
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) ▶	493056.88
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) ▶	743056.88

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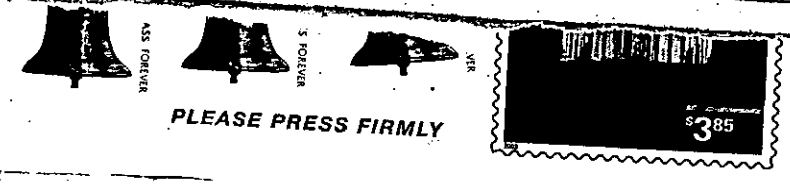

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