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# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For An Authorized Committee**

Office Use Only

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

CARLY FOR CALIFORNIA INC

ADDRESS (number and street) ▼

C/O PATTON BOGGS

2550 M STREET NW

☐ Check if different than previously reported. (ACC)

WASHINGTON | DC | 20037 -

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

CITY ▲ STATE ▲ ZIP CODE ▲

STATE ▼ DISTRICT

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)
- ☐ 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 07 / DD 01 / YYYY 2011 through MM 09 / DD 30 / 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

Date MM 10 / DD 15 / YYYY 2011

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

11020404907

# SUMMARY PAGE
of Receipts and Disbursements



Write or Type Committee Name
CARLY FOR CALIFORNIA INC

Report Covering the Period: From: 07 / 01 / 2011 To: 09 / 30 / 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) | 49779.82 | 608862.54 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | 20.00 | 25874.35 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 49759.82 | 582988.19 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 38274.41 | |
| 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) | 743304.88 | |

**For further information contact:**

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

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

11020404908

# 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: 07 / 01 / 2011 To: 09 / 30 / 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.) | 20.00 | 25874.35 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 33690.00 | 71190.00 |
| 16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶ | 33710.00 | 286676.94 |

11020404909

FE5AN018

# DETAILED SUMMARY PAGE
of Disbursements



## II. DISBURSEMENTS

| | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|---|---|
| 17. OPERATING EXPENDITURES | 49779.82 | 608862.54 |
| 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 | 80.00 |
| 22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 49779.82 | 672743.54 |

## III. CASH SUMMARY

| | |
|---|---|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | 54344.23 |
| 24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) | 33710.00 |
| 25. SUBTOTAL (add Line 23 and Line 24) | 88054.23 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) | 49779.82 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | 38274.41 |

11020404910

# 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): PINNACLE LIST COMPANY
Mailing Address: 2800 SHIRLINGTON RD
City: ARLINGTON State: VA Zip Code: 22206
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 71190.00

Date of Receipt: 07 / 06 / 2011
Transaction ID : SA15.1
Amount of Each Receipt this Period: 33690.00
LIST SALE

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

Date of Receipt: M M / D D / Y Y Y Y
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: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

**SUBTOTAL** of Receipts This Page (optional) ..... 33690.00

**TOTAL** This Period (last page this line number only) ..... 33690.00

11020404911

# 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)
SALVATORE PURPURA

Mailing Address 2651 N ROCK ISLAND RD

City: MARGATE State: FL Zip Code: 33063

Purpose of Disbursement: COMPLIANCE CONSULTING

Candidate Name

Category/Type

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

State: District:

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

Date of Disbursement: 08 / 17 / 2011

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.11

**B.** Full Name (Last, First, Middle Initial)
JULIE SODERLUND

Mailing Address 1972 BIDWELL WAY

City: SACRAMENTO State: CA Zip Code: 95818

Purpose of Disbursement: POLITICAL STRATEGY CONSULTING

Candidate Name

Category/Type

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

State: District:

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

Date of Disbursement: 08 / 17 / 2011

Amount of Each Disbursement this Period: 3750.00

Transaction ID : SB17.9

**C.** Full Name (Last, First, Middle Initial)
MARTIN WILSON

Mailing Address 5080 KEANE DR

City: CARMICHAEL State: CA Zip Code: 95608

Purpose of Disbursement: POLITICAL STRATEGY CONSULTING

Candidate Name

Category/Type

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

State: District:

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

Date of Disbursement: 08 / 17 / 2011

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.10

**SUBTOTAL** of Disbursements This Page (optional) ..... 11250.00

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

11020404912

# 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): ARISTEIA GROUP INC
Mailing Address: 1203 PORTNER RD
City: ALEXANDRIA State: VA Zip Code: 22314
Purpose of Disbursement: FINANCE CONSULTING
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 17 / 2011
Amount of Each Disbursement this Period: 7159.95
Transaction ID : SB17.1

**B.**
Full Name (Last, First, Middle Initial): AT&T LONG DISTANCE
Mailing Address: PO BOX 5017
City: CAROL STREAM State: IL Zip Code: 60197
Purpose of Disbursement: PHONE SERVICE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 17 / 2011
Amount of Each Disbursement this Period: 2065.62
Transaction ID : SB17.2

**C.**
Full Name (Last, First, Middle Initial): AT&T TELECONFERENCE SERVICES
Mailing Address: PO BOX 2840
City: OMAHA State: NE Zip Code: 68103
Purpose of Disbursement: PHONE SERVICE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 17 / 2011
Amount of Each Disbursement this Period: 15503.33
Transaction ID : SB17.3

**SUBTOTAL** of Disbursements This Page (optional) ..... 24728.90

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

11020404913

# 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)
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: 08 / 17 / 2011

Amount of Each Disbursement this Period: 4122.90

Transaction ID : SB17.4

**B.** Full Name (Last, First, Middle Initial)
CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City: MCLEAN State: VA Zip Code: 22101

Purpose of Disbursement: BANK FEE

Candidate Name

Category/Type

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

State: District:

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

Date of Disbursement: 07 / 15 / 2011

Amount of Each Disbursement this Period: 12.45

Transaction ID : SB17.5

**C.** Full Name (Last, First, Middle Initial)
CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City: MCLEAN State: VA Zip Code: 22101

Purpose of Disbursement: BANK FEE

Candidate Name

Category/Type

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

State: District:

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

Date of Disbursement: 09 / 15 / 2011

Amount of Each Disbursement this Period: 3.71

Transaction ID : SB17.6

**SUBTOTAL** of Disbursements This Page (optional) ..... 4139.06

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

11020404914

# 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): DAVIS GROUP
Mailing Address: 6621 E PACIFIC COAST HWY STE 140
City: LONG BEACH State: CA Zip Code: 90803
Purpose of Disbursement: FINANCE CONSULTING
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 17 / 2011
Amount of Each Disbursement this Period: 6250.00
Transaction ID : SB17.7

**B.** 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: 07 / 19 / 2011
Amount of Each Disbursement this Period: 24.50
Transaction ID : SB17.8

**C.** Full Name (Last, First, Middle Initial): SPRINT
Mailing Address: PO BOX 4181
City: CAROL STREAM State: IL Zip Code: 60197
Purpose of Disbursement: PHONE SERVICE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 17 / 2011
Amount of Each Disbursement this Period: 2687.36
Transaction ID : SB17.12

**SUBTOTAL** of Disbursements This Page (optional) ..... 8961.86

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

11020404915

# 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)
WILSON-MILLER COMMUNICATIONS INC

Mailing Address 1415 L ST STE 430

City: SACRAMENTO State: CA Zip Code: 95814

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: 08 / 17 / 2011

Amount of Each Disbursement this Period: 700.00

Transaction ID : SB17.13

**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) ..... 700.00

**TOTAL** This Period (last page this line number only) ..... 49779.82

11020404916

# 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 10 M / D 09 D / Y 2009 Y | M M / D D / Y 06/27/2010 Y | 0.00 % (apr) | [ ] Yes [x] No |

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

1. Full Name (Last, First, Middle Initial)
   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.**

11020404917

# 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 2009 Y | M M / D D / Y Y 06/27/2010 Y | 0.00 % (apr) | [ ] Yes [X] No |

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

1. Full Name (Last, First, Middle Initial)
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.**

11020404918

# 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 05 M / D 12 D / Y Y Y Y 2010 Y | M M / D D / Y Y Y Y 06/27/2010 Y | 0.00 % (apr) | [ ] Yes [X] No |

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

1. Full Name (Last, First, Middle Initial)
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.**

11020404919

# 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: |
|---|---|---|---|
| M 05 / D 20 / Y 2010 | M M / D D / 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.**

11020404920

# 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 | Date Due | Interest Rate | Secured: |
|---|---|---|---|
| M 05 M / D 26 D / Y 2010 Y | M M / D D / Y 06/27/2010 Y | 0.00 % (apr) | [ ] Yes [X] No |

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

1. Full Name (Last, First, Middle Initial)
   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.**

11020404921

# 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

Mailing Address
455 CAPITOL MALL STE 801

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

| 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 Y Y Y 2010 | M M / D D / Y Y Y Y 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) | 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.**

11020404922

# 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 | Date Due | Interest Rate | Secured: |
|---|---|---|---|
| M 10 M / D 21 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)
   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.**

11020404923

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

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



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

NAME OF COMMITTEE (In Full)

CARLY FOR CALIFORNIA INC

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

Mailing Address 2800 SHIRLINGTON RD

City ARLINGTON State VA Zip Code 22206

Nature of Debt (Purpose): LIST SALE

Transaction ID : SD9.1

Outstanding Balance Beginning This Period: 33690.00

Amount Incurred This Period: 00

Payment This Period: 33690.00

Outstanding Balance at Close of This Period: 0.0

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ▶ | 0.00 |
| 2) **TOTALS** This Period (last page this line number only) ▶ | 0.00 |
| 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶ | 0.00 |
| 4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶ | 0.00 |



11020404924

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 |



11020404925

# 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

Nature of Debt (Purpose):
RESEARCH CONSULTING

Mailing Address 1020 12TH ST-SUITE 309

City: SACRAMENTO State: CA Zip Code: 95814

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

Nature of Debt (Purpose):
COMMUNICATIONS CONSULTING

Mailing Address 1017 L ST #368

City: SACRAMENTO State: CA Zip Code: 95814

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

Nature of Debt (Purpose):
POLITICAL STRATEGY CONSULTING

Mailing Address 419 W NORTHRIDGE AVE

City: GLENDORA State: CA Zip Code: 91741

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 |



11020404926

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
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: 7500.00
Amount Incurred This Period: 0.00
Payment This Period: 3750.00
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: 65000.00
Amount Incurred This Period: 0.00
Payment This Period: 5000.00
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: 14319.90
Amount Incurred This Period: 0.00
Payment This Period: 7159.95
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 |



11020404927

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
AT&T LONG DISTANCE

Nature of Debt (Purpose): PHONE SERVICE

Mailing Address PO BOX 5017

City: CAROL STREAM State: IL Zip Code: 60197

Transaction ID : SD10.11

Outstanding Balance Beginning This Period: 2065.62

Amount Incurred This Period: 0.00

Payment This Period: 2065.62

Outstanding Balance at Close of This Period: 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&T TELECONFERENCE SERVICES

Nature of Debt (Purpose): PHONE SERVICE

Mailing Address PO BOX 2840

City: OMAHA State: NE Zip Code: 68103

Transaction ID : SD10.10

Outstanding Balance Beginning This Period: 15503.33

Amount Incurred This Period: 0.00

Payment This Period: 15503.33

Outstanding Balance at Close of This Period: 0.00

C. 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: 8245.79

Amount Incurred This Period: 0.00

Payment This Period: 4122.90

Outstanding Balance at Close of This Period: 4122.89

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ▶ | 4122.89 |
| 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
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

B. 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: 0.00

Outstanding Balance at Close of This Period: 32397.75

C. 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: 49406.64

Amount Incurred This Period: 0.00

Payment This Period: 6250.00

Outstanding Balance at Close of This Period: 43156.64

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ▶ | 88072.04 |
| 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 |



11020404929

# 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
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

B. 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

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

Nature of Debt (Purpose): STAGING

Mailing Address 4111 W ALAMEDA AVE STE 412

City: BURBANK State: CA Zip Code: 91505

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

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ▶ | 25909.80 |
| 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 |



11020404930

# 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
HUCKABY DAVIS LISKER

Nature of Debt (Purpose):
COMPLIANCE CONSULTING

Mailing Address 228 S WASHINGTON ST STE 115

City: ALEXANDRIA State: VA Zip Code: 22314

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

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

Nature of Debt (Purpose):
POLITICAL STRATEGY CONSULTING

Mailing Address 55 MONTE MAR DR

City: SAUSALITO State: CA Zip Code: 94965

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

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

Nature of Debt (Purpose):
FINANCE CONSULTING

Mailing Address 2222 FRANCISCO DR STE 510-183

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

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

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ▶ | 43240.25 |
| 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 |



11020404931

# 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
LAW OFFICES OF NEIL SHAPIRO

Nature of Debt (Purpose):
LEGAL CONSULTING

Mailing Address 2100 GARDEN RD

City: MONTEREY State: · Zip Code: CA 93940

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

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

Nature of Debt (Purpose):
FINANCE CONSULTING/TRAVEL

Mailing Address 113 S ST ASAPH ST STE 200

City: ALEXANDRIA State: VA Zip Code: 22314

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

C. 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

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ▶ | 77294.83 |
| 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 |



11020404932

# 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
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

B. 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: 43552.91
Amount Incurred This Period: 12.00
Payment This Period: 0.00
Outstanding Balance at Close of This Period: 43564.91

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

Nature of Debt (Purpose): LIST MANAGEMENT

Mailing Address PO BOX 1706

City: BURBANK State: CA Zip Code: 91507

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

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ▶ | 70364.91 |
| 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 |



11020404933

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
SPRINT

Nature of Debt (Purpose): PHONE SERVICE

Mailing Address PO BOX 4181

City: CAROL STREAM State: IL Zip Code: 60197

Transaction ID : SD10.30

Outstanding Balance Beginning This Period: 2687.36

Amount Incurred This Period: 0.00

Payment This Period: 2687.36

Outstanding Balance at Close of This Period: 0.00

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

Nature of Debt (Purpose): FINANCE CONSULTING

Mailing Address 507 CAPITOL CT

City: WASHINGTON State: DC Zip Code: 20092

Transaction ID : SD10.31

Outstanding Balance Beginning This Period: 11760.96

Amount Incurred This Period: -1760.96

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

Nature of Debt (Purpose): SURVEY RESEARCH

Mailing Address 201 N UNION

City: ALEXANDRIA State: VA Zip Code: 22314

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) ▶ | 11283.85 |
| 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 |



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FE5AN018

# FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

**Form/Schedule:** **SD10**
**Transaction ID :** **SD10.31**

Correction for Overbilling

**Form/Schedule:**
**Transaction ID:**

11020404935

# 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
VERVE

Nature of Debt (Purpose): WEB SERVICE

Mailing Address 925 UNIVERSITY AVE STE V

City: SACRAMENTO State: CA Zip Code: 95825

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

Nature of Debt (Purpose): SURVEY RESEARCH

Mailing Address 501 C STREET, NE

City: WASHINGTON State: DC Zip Code: 20002

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

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

Mailing Address 1415 L ST STE 430

City: SACRAMENTO State: CA Zip Code: 95814

Transaction ID : SD10.37

Outstanding Balance Beginning This Period: 21199.80

Amount Incurred This Period: 0.20

Payment This Period: 700.00

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) ▶ | 493304.88 |
| 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) ▶ | 743304.88 |



11020404936

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October 11, 2011

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Secretary of the Senate-Public Records
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Dear Mr. Davis:

Enclosed is the October 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

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