

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

Ron Barber for Congress

ADDRESS (number and street) ▼

PO Box 57715

Check if different than previously reported. (ACC)

Tucson

AZ

85732

2. **FEC IDENTIFICATION NUMBER** ▼

C C00512129

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

AZ

02

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 Laura T Almquist

Signature of Treasurer Laura T Almquist

[Electronically Filed]

Date

/ /

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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Ron Barber for Congress

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

	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	9433.68
(b) Total Contribution Refunds (from Line 20(d))	0.00	3974.76
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	5458.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1214.95	58422.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3340.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1214.95	55082.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12926.97	
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).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Ron Barber for Congress

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

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	495.00
(ii) Unitemized.....	0.00	8938.68
(iii) TOTAL of contributions from individuals ▶	0.00	9433.68
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	9433.68
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	132.62
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	3340.20
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	263.75	422122.30
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	263.75	435028.80

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1214.95	58422.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	3974.76
(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	3974.76
21. OTHER DISBURSEMENTS	7500.00	568928.65
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8714.95	631326.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	21378.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	263.75
25. SUBTOTAL (add Line 23 and Line 24).....	21641.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8714.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12926.97

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 9
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 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)
Ron Barber for Congress

A. Full Name (Last, First, Middle Initial)
Sage Payment Solutions

Mailing Address 1750 Old Meadow Rd
Ste 300

City State Zip Code
Mc Lean VA 22102-4304

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
169.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2016

Transaction ID : VNV4EAFEP8

Amount of Each Receipt this Period
169.00

Memo Item

Fee refund

B. Full Name (Last, First, Middle Initial)
Sage Payment Solutions

Mailing Address 1750 Old Meadow Rd
Ste 300

City State Zip Code
Mc Lean VA 22102-4304

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
263.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2016

Transaction ID : VNV4EAFEQ5

Amount of Each Receipt this Period
94.75

Memo Item

Fee refund

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

263.75

263.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ron Barber for Congress

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 125.00
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Database	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VNTTW9SSWTO

Full Name (Last, First, Middle Initial) B. Summit Strategy		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address 1201 1st Ave S Ste 325		Amount of Each Disbursement this Period 560.00
City Seattle	State WA Zip Code 98134-1234	
Purpose of Disbursement Web/Email expense	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VNTTW9SSWK7

Full Name (Last, First, Middle Initial) c. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 4669 E Broadway Blvd		Amount of Each Disbursement this Period 41.40
City Tucson	State AZ Zip Code 85711-3511	
Purpose of Disbursement Bank fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VNTTW9SSWR5

SUBTOTAL of Disbursements This Page (optional).....	726.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ron Barber for Congress

Full Name (Last, First, Middle Initial) A. Wells Fargo			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2016		
Mailing Address 4669 E Broadway Blvd			Amount of Each Disbursement this Period 51.64		
City Tucson	State AZ	Zip Code 85711-3511	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Bank fee		Category/ Type	Transaction ID : VNTTW9SSWS2		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Wells Fargo			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016		
Mailing Address 4669 E Broadway Blvd			Amount of Each Disbursement this Period 50.55		
City Tucson	State AZ	Zip Code 85711-3511	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Bank fee		Category/ Type	Transaction ID : VNTTW9SSWF5		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) c. Winpisinger & Associates, Inc.			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016		
Mailing Address 315 Inspiration Ln			Amount of Each Disbursement this Period 386.36		
City Gaithersburg	State MD	Zip Code 20878-5808	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Administrative/Compliance		Category/ Type	Transaction ID : VNTTW9SHZC5		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	488.55
TOTAL This Period (last page this line number only).....	1214.95

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ron Barber for Congress

Full Name (Last, First, Middle Initial) A. Committee to Re-Elect Barbara LaWall		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address PO Box 35674		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : VNTTW9SSWN1
City Tucson State AZ Zip Code 85740-5674	Category/ Type	
Purpose of Disbursement Non-Federal Contribution		
Candidate Name Committee to Re-Elect Barbara LaWall		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Dr. Friese for House		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016
Mailing Address PO Box 64925		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item Transaction ID : VNTTW9SHYC3
City Tucson State AZ Zip Code 85728-4925	Category/ Type	
Purpose of Disbursement Non-Federal Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Fox Theater Foundation		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 17 W Congress St		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item Transaction ID : VNTTW9SSWQ7
City Tucson State AZ Zip Code 85701-1313	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 9
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ron Barber for Congress

Full Name (Last, First, Middle Initial) A. Friends of Tucson's Birthplace		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address PO Box 1228		Amount of Each Disbursement this Period 1000.00
City Tucson	State AZ	Zip Code 85702-1228
Purpose of Disbursement Donation	Category/Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : VNTTW9SSWP9	

Full Name (Last, First, Middle Initial) B. National Committee to Preserve Social Security & Medicare		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016
Mailing Address 10 G St NE Ste 600		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	Zip Code 20002-4253
Purpose of Disbursement Donation	Category/Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : VNTTW9SSWJ9	

Full Name (Last, First, Middle Initial) C. TOM O'HALLERAN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 75 TURKEY CREEK TRAIL		Amount of Each Disbursement this Period 2000.00
City Sedona	State AZ	Zip Code 86351
Purpose of Disbursement Contribution	Category/Type	
Candidate Name TOM O'HALLERAN	Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 01	Transaction ID : VNTTW9SSWM3	

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	7500.00