

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

Susie Lee for Nevada

ADDRESS (number and street)

1930 Village Center Dr

Suite 229

Check if different than previously reported. (ACC)

Las Vegas

NV

89134

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00578476

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

NV

04

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

Landau, Ellis, , ,

Signature of Treasurer

Landau, Ellis, , ,

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Susie Lee for Nevada

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	994633.58
(b) Total Contribution Refunds (from Line 20(d))	133910.42	153834.42
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-133910.42	840799.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3032.30	1494206.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	2046.80	2046.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	985.50	1492159.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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 05/2016)

Write or Type Committee Name

Susie Lee for Nevada

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	916530.41
(ii) Unitemized.....	0.00	33022.47
(iii) TOTAL of contributions from individuals ▶	0.00	949552.88
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	21750.00
(d) The Candidate.....	0.00	23330.70
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	994633.58
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	655000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	655000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	2046.80	2046.80
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2046.80	1651680.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 45

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3032.30	1494206.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	3525.27	3525.27
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	3525.27	3525.27
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	133910.42	153834.42
(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)).....	133910.42	153834.42
21. OTHER DISBURSEMENTS	0.00	114.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	140467.99	1651680.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	138421.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2046.80
25. SUBTOTAL (add Line 23 and Line 24).....	140467.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	140467.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

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

FOR LINE NUMBER: PAGE 5 OF 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

A. Full Name (Last, First, Middle Initial)
AMJ Craig, LLC

Mailing Address 4528 W Craig Rd

City North Las Vegas State NV Zip Code 89032-2504

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 311.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2016

Transaction ID : VR01RH659K7

Amount of Each Receipt this Period
 311.80

Memo Item

Partial refund of rent payment on 5/26/2016

B. Full Name (Last, First, Middle Initial)
AmTrust North America

Mailing Address 150 Sawgrass Dr

City Rochester State NY Zip Code 14620-4648

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 610.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2016

Transaction ID : VR01RH8MKE2

Amount of Each Receipt this Period
 610.00

Memo Item

Refund from Worker's Comp payment on 6/6/2016

C. Full Name (Last, First, Middle Initial)
NGP VAN, Inc.

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2016

Transaction ID : VR01RHNH227

Amount of Each Receipt this Period
 1125.00

Memo Item

Refund due to cancellation of service

SUBTOTAL of Receipts This Page (optional).....▶	2046.80
TOTAL This Period (last page this line number only).....▶	2046.80

**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 45			
	<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)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2016
Mailing Address 645 E Plumb Ln B132		FEC Identification Number C
City Reno	State NV	Zip Code 89502-3505
Purpose of Disbursement Telephone Services		Amount of Each Disbursement this Period 281.18
Candidate Name	Category/ Type	Transaction ID : VQZ2GA9TR33
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2016
Mailing Address 645 E Plumb Ln B132		FEC Identification Number C
City Reno	State NV	Zip Code 89502-3505
Purpose of Disbursement Telephone Services		Amount of Each Disbursement this Period 82.20
Candidate Name	Category/ Type	Transaction ID : VQZ2GA9TR59
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. CenturyLink		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016
Mailing Address PO Box 2961		FEC Identification Number C
City Phoenix	State AZ	Zip Code 85062-2961
Purpose of Disbursement Internet Services		Amount of Each Disbursement this Period 177.36
Candidate Name	Category/ Type	Transaction ID : VQZ2GA8T9T9
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	540.74
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 45			
	<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)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Employment Security Division			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2016		
Mailing Address 500 E Third St			FEC Identification Number C		
City Carson City	State NV	Zip Code 89701-4772	Amount of Each Disbursement this Period 967.48		
Purpose of Disbursement State Tax Fee		Category/ Type	Transaction ID : VQZ2GA9TR83		
Candidate Name		Memo Item <input type="checkbox"/>			
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. First Data			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016		
Mailing Address 5565 Glenridge Connector Ste 2000			FEC Identification Number C		
City Atlanta	State GA	Zip Code 30342-4799	Amount of Each Disbursement this Period 35.29		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : VQZ2GA8K4B7		
Candidate Name		Memo Item <input type="checkbox"/>			
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. First Data			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016		
Mailing Address 5565 Glenridge Connector Ste 2000			FEC Identification Number C		
City Atlanta	State GA	Zip Code 30342-4799	Amount of Each Disbursement this Period 2.00		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : VQZ2GA8K4C2		
Candidate Name		Memo Item <input type="checkbox"/>			
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).....▶	1004.77
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 8 OF 45	
	<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)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Google, Inc.			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016	
Mailing Address 1600 Amphitheatre Pkwy			FEC Identification Number C	
City Mountain View	State CA	Zip Code 94043-1351	Amount of Each Disbursement this Period 33.33	
Purpose of Disbursement Email Service		Category/ Type	Transaction ID : VQZ2GA8K4A9	
Candidate Name		Memo Item <input type="checkbox"/>		
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. Google, Inc.			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2016	
Mailing Address 1600 Amphitheatre Pkwy			FEC Identification Number C	
City Mountain View	State CA	Zip Code 94043-1351	Amount of Each Disbursement this Period 40.00	
Purpose of Disbursement Email Service		Category/ Type	Transaction ID : VQZ2GA9TQV0	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. NV Energy			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016	
Mailing Address PO Box 30150			FEC Identification Number C	
City Reno	State NV	Zip Code 89520-3150	Amount of Each Disbursement this Period 103.26	
Purpose of Disbursement Utilities		Category/ Type	Transaction ID : VQZ2GA8ZAG4	
Candidate Name		Memo Item <input type="checkbox"/>		
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).....▶	176.59
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 45	
	<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)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement MM / DD / YYYY 07 / 20 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C
City Rochester	State NY	Zip Code 14625-2311
Purpose of Disbursement Paychex - Taxes	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 813.48	
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) ▼	Transaction ID : VQZ2GA8ZAH1
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement MM / DD / YYYY 08 / 10 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C
City Rochester	State NY	Zip Code 14625-2311
Purpose of Disbursement Payroll - Invoice	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 66.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VQZ2GA9TQX6
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement MM / DD / YYYY 09 / 12 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C
City Rochester	State NY	Zip Code 14625-2311
Purpose of Disbursement Payroll - Invoice	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 369.20	
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) ▼	Transaction ID : VQZ2GA9TRA9
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1249.18
TOTAL This Period (last page this line number only).....▶	2971.28

**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 10 OF 45	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Lee, Susie, Kelley, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 1909 Soaring Ct			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89134-6107	Amount of Each Disbursement this Period 50000.00	
Purpose of Disbursement 6/23/2015 Personal Candidate Loan Forgiven		Category/ Type	Transaction ID : VQZ2GAAB8C4	
Candidate Name			<input checked="" type="checkbox"/> Memo Item *	
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. Lee, Susie, Kelley, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 1909 Soaring Ct			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89134-6107	Amount of Each Disbursement this Period 50000.00	
Purpose of Disbursement 9/30/2015 Personal Candidate Loan Forgiven		Category/ Type	Transaction ID : VQZ2GAAB8F7	
Candidate Name			<input checked="" type="checkbox"/> Memo Item *	
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. Lee, Susie, Kelley, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 1909 Soaring Ct			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89134-6107	Amount of Each Disbursement this Period 50000.00	
Purpose of Disbursement 12/30/2015 Personal Candidate Loan Forgiven		Category/ Type	Transaction ID : VQZ2GAAB8G5	
Candidate Name			<input checked="" type="checkbox"/> Memo Item *	
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).....▶	0.00
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 11 OF 45	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Lee, Susie, Kelley, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 1909 Soaring Ct			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89134-6107	Amount of Each Disbursement this Period 50000.00	
Purpose of Disbursement 3/31/2016 Personal Candidate Loan Forgiven		Category/ Type	Transaction ID : VQZ2GAAB8Q1	
Candidate Name		Memo Item *		
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. Lee, Susie, Kelley, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 1909 Soaring Ct			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89134-6107	Amount of Each Disbursement this Period 100000.00	
Purpose of Disbursement 5/20/2016 Personal Candidate Loan Forgiven		Category/ Type	Transaction ID : VQZ2GAAB8R9	
Candidate Name		Memo Item *		
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. Lee, Susie, Kelley, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 1909 Soaring Ct			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89134-6107	Amount of Each Disbursement this Period 100000.00	
Purpose of Disbursement 5/27/2016 Personal Candidate Loan Forgiven		Category/ Type	Transaction ID : VQZ2GAAB8S6	
Candidate Name		Memo Item *		
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).....▶	0.00
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 12 OF 45	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Lee, Susie, Kelley, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 1909 Soaring Ct			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89134-6107	Amount of Each Disbursement this Period 100000.00	
Purpose of Disbursement 6/03/2016 Personal Candidate Loan Forgiven		Category/ Type	Transaction ID : VQZ2GAAB8T4	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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. Lee, Susie, Kelley, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 1909 Soaring Ct			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89134-6107	Amount of Each Disbursement this Period 100000.00	
Purpose of Disbursement 6/07/2016 Personal Candidate Loan Forgiven		Category/ Type	Transaction ID : VQZ2GAAB8V2	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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. Lee, Susie, Kelley, ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016	
Mailing Address 1909 Soaring Ct			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89134-6107	Amount of Each Disbursement this Period 3525.27	
Purpose of Disbursement Loan Repayment		Category/ Type	Transaction ID : VQZ2GAAB9B7	
Candidate Name		Memo Item <input type="checkbox"/>		
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).....▶	3525.27
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 13 OF 45	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Lee, Susie, Kelley, ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016	
Mailing Address 1909 Soaring Ct			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89134-6107	Amount of Each Disbursement this Period 51474.73	
Purpose of Disbursement 6/13/2015 Personal Candidate Loan Forgiven		Category/ Type	Transaction ID : VQZ2GAAB9D2	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	3525.27

**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 14 OF 45	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Arum, Lovee, Duboef, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016	
Mailing Address 36 Gulf Stream Ct			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89113-1354	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZAJ9	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Baldwin, Audra, H., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016	
Mailing Address 16 Vintage Valley Dr			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89141-6060	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZAK7	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Baldwin, Bobby, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016	
Mailing Address PO Box 7700			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89177-0700	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZDG8	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	8100.00
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 15 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Bartolotta, Paul, Wenzel, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 1600 Bayonne Dr			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89134-6185	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZF96		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Bennett, Diana, L., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 770 Dragon Ridge Dr			FEC Identification Number C		
City Henderson	State NV	Zip Code 89012-0100	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZBG2		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Bergman, Leonard, A., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 1312 Alderton Ln			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89144-6525	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZEF1		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3550.00
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 16 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Bergman, Leonard, A., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 1312 Alderton Ln			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89144-6525			
Purpose of Disbursement Contribution Refund			Transaction ID : VQZ2GA8ZEG9		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Bergquist, Deana, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 53 Soaring Bird Ct			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89135-7866			
Purpose of Disbursement Contribution Refund			Transaction ID : VQZ2GA8ZBM4		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Boughner, Robert, L., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 1 Hughes Center Dr Unit 1501			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89169-6737			
Purpose of Disbursement Contribution Refund			Transaction ID : VQZ2GA8ZBT1		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	6900.00
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 17 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Brown, Michael, J., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 36 Lone Hollow Dr					
City Sandy	State UT	Zip Code 84092-5530	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 50.00		
Candidate Name		Category/Type	Transaction ID : VQZ2GA8ZFB2		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) B. Burkhead, Dan, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 1808 White Hawk Ct					
City Las Vegas	State NV	Zip Code 89134-6112	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name		Category/Type	Transaction ID : VQZ2GA8ZBZ1		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) C. Burkhead, Lisa, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 1808 White Hawk Ct					
City Las Vegas	State NV	Zip Code 89134-6112	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name		Category/Type	Transaction ID : VQZ2GA8ZC32		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5450.00
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 18 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Casey, Bob, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 475 Butler St			FEC Identification Number C		
City Etna	State PA	Zip Code 15223-2126	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZC74		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Cashman, Mary Kaye, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 22 Burning Tree Ct			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89113-1329	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZE04		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. DuBoef, Dena, G., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 8176 Horseshoe Bend Ln			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89113-0135	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZF55		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5700.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Fancher, Terry, , ,		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016
Mailing Address 4 Embarcadero Ctr Ste 3300		FEC Identification Number C
City San Francisco	State CA	Zip Code 94111-4184
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : VQZ2GA8ZDH6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Fanger, Lewis, A., ,		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016
Mailing Address 1761 Clear River Falls Ln		FEC Identification Number C
City Henderson	State NV	Zip Code 89012-3602
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : VQZ2GA8ZDC6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Flamos, Stelio, , ,		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016
Mailing Address 211 23rd St NW		FEC Identification Number C
City Canton	State OH	Zip Code 44709-3919
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : VQZ2GA8ZDB8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8100.00
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 20 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Friedmutter, Brad, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 9016 Bald Eagle Dr			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89134-6188	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZEM0		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Gabelli, Mario, Joseph, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 100 Worth Ave			FEC Identification Number C		
City Palm Beach	State FL	Zip Code 33480-6710	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZDJ4		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Gallagher, Marcia, Gay, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 9117 Golden Eagle Dr			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89134-6136	Amount of Each Disbursement this Period 1.42		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZFG2		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	4201.42
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 21 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Greenspun, Brian, L., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 2360 Corporate Cir Ste 472			FEC Identification Number C		
City Henderson	State NV	Zip Code 89074-7707			
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name			Transaction ID : VQZ2GA8ZDK2		
Office Sought:	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) ▼	Memo Item <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) B. Greenspun, Myra, S., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 6 Dovetail Cir			FEC Identification Number C		
City Henderson	State NV	Zip Code 89014-2117			
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name			Transaction ID : VQZ2GA8ZEC7		
Office Sought:	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) ▼	Memo Item <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) c. Haberkorn, Stephen, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address PO Box 80270			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89180-0270			
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 50.00		
Candidate Name			Transaction ID : VQZ2GA8ZF88		
Office Sought:	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) ▼	Memo Item <input type="checkbox"/>		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	5450.00
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 22 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Hance, Tami, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 8928 Rio Grande Falls Ave			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89178-7219	Amount of Each Disbursement this Period 400.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZF7		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Hawkins, Frank, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 2300 Alta Dr			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89107-4616	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZF3		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Hornbuckle, Wendy, A., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 16 Anthem Pointe Ct			FEC Identification Number C		
City Henderson	State NV	Zip Code 89052-6605	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZAN3		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2700.00
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 23 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Hornbuckle, Wendy, A., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 16 Anthem Pointe Ct			FEC Identification Number C		
City Henderson	State NV	Zip Code 89052-6605	Amount of Each Disbursement this Period 700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZAP1		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Hornbuckle, William, J., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 16 Anthem Pointe Ct			FEC Identification Number C		
City Henderson	State NV	Zip Code 89052-6605	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZDY9		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Howard, Beatrice, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address PO Box 1207			FEC Identification Number C		
City Wilson	State WY	Zip Code 83014-1207	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZE44		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	6100.00
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 24 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Howard, Thomas, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address PO Box 1207			FEC Identification Number C		
City Wilson	State WY	Zip Code 83014-1207			
Purpose of Disbursement Contribution Refund			Transaction ID : VQZ2GA8ZDA1		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Kelley, Joan, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 2300 Reno Dr			FEC Identification Number C		
City Louisville	State OH	Zip Code 44641-8754			
Purpose of Disbursement Contribution Refund			Transaction ID : VQZ2GA8ZDN7		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Kramer, Jerry, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 8912 Spanish Ridge Ave Ste 300			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89148-1312			
Purpose of Disbursement Contribution Refund			Transaction ID : VQZ2GA8ZEZ7		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5500.00
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 25 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Kramer, Jerry, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 8912 Spanish Ridge Ave Ste 300					
City Las Vegas	State NV	Zip Code 89148-1312	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 100.00		
Candidate Name		Category/ Type	Transaction ID : VQZ2GA8ZF13		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) B. Kramer, Jerry, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 8912 Spanish Ridge Ave Ste 300					
City Las Vegas	State NV	Zip Code 89148-1312	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 100.00		
Candidate Name		Category/ Type	Transaction ID : VQZ2GA8ZF21		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) C. Kramer, Jerry, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 8912 Spanish Ridge Ave Ste 300					
City Las Vegas	State NV	Zip Code 89148-1312	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 250.00		
Candidate Name		Category/ Type	Transaction ID : VQZ2GA8ZF39		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	450.00
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 26 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Kuna, Dominik, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 1 Hughes Center Dr Unit 1501					
City Las Vegas	State NV	Zip Code 89169-6737	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name		Category/ Type	Transaction ID : VQZ2GA8ZEA1		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) B. Landau, Ellis, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 7571 Silver Meadow Ct					
City Las Vegas	State NV	Zip Code 89117-2986	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name		Category/ Type	Transaction ID : VQZ2GA8ZCA8		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) C. Landau, Yvette, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 7571 Silver Meadow Ct					
City Las Vegas	State NV	Zip Code 89117-2986	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name		Category/ Type	Transaction ID : VQZ2GA8ZCK9		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8100.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Lee, Dana, Su, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016	
Mailing Address 18 Ridge Blossom Rd			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89135-3284	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZFD8	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Lee, Daniel, Richard, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016	
Mailing Address 1909 Soaring Ct			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89134-6107	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZE93	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Lenahan, Todd, A., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016	
Mailing Address 28 Sun Glow Ln			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89135-2615	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZCN5	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	5410.00
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 28 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Lerner, Bill, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 3930 Howard Hughes Pkwy Ste 230			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89169-0941			
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name			Transaction ID : VQZ2GA8ZDT7		
Office Sought:	House Senate President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) B. Mack, Dawn, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 1512 Champion Hills Ln			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89134-6325			
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name			Transaction ID : VQZ2GA8ZAW8		
Office Sought:	House Senate President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) C. Mazzola, Anne, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 15 Echo Peak Ln			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89135-7858			
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name			Transaction ID : VQZ2GA8ZBB3		
Office Sought:	House Senate President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	8100.00
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 29 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. McGarry, Kris, Engelstad, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 9813 Moon Valley Pl			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89134-6738			
Purpose of Disbursement Contribution Refund			Transaction ID : VQZ2GA8ZCP3		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. McGraw, John, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 53 Soaring Bird Ct			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89135-7866			
Purpose of Disbursement Contribution Refund			Transaction ID : VQZ2GA8ZDX1		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Menke, Scott, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 6650 Via Austi Pkwy Ste 150			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89119-3551			
Purpose of Disbursement Contribution Refund			Transaction ID : VQZ2GA8ZGX7		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8100.00
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 30 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Murren, Heather, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016			
Mailing Address 2000 Gray Eagle Way			FEC Identification Number C			
City Las Vegas	State NV	Zip Code 89117-5738				Amount of Each Disbursement this Period 2700.00
Purpose of Disbursement Contribution Refund		Candidate Name	Category/ Type	Transaction ID : VQZ2GA8ZEB9		
Office Sought:	House Senate President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item		
State:	District:					

Full Name (Last, First, Middle Initial) B. Murren, Jim, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016			
Mailing Address 9101 W Sahara Ave St. 105-H9			FEC Identification Number C			
City Las Vegas	State NV	Zip Code 89117-5799				Amount of Each Disbursement this Period 2700.00
Purpose of Disbursement Contribution Refund		Candidate Name	Category/ Type	Transaction ID : VQZ2GA8ZCW0		
Office Sought:	House Senate President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item		
State:	District:					

Full Name (Last, First, Middle Initial) c. O'Bryant-Pascal, Trina, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016			
Mailing Address 16 Painted Feather Way			FEC Identification Number C			
City Las Vegas	State NV	Zip Code 89135-7855				Amount of Each Disbursement this Period 49.00
Purpose of Disbursement Contribution Refund		Candidate Name	Category/ Type	Transaction ID : VQZ2GA8ZFC0		
Office Sought:	House Senate President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item		
State:	District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5449.00
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 31 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Palermo, Marlee, M., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 1379 Quiet River Ave					
City Henderson	State NV	Zip Code 89012-7219	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 1000.00		
Candidate Name		Transaction ID : VQZ2GA8ZEV6			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) B. Peckman, Phillip, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 888 W Bonneville Ave					
City Las Vegas	State NV	Zip Code 89106-0100	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 300.00		
Candidate Name		Transaction ID : VQZ2GA8ZEX1			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) C. Peckman, Phillip, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 888 W Bonneville Ave					
City Las Vegas	State NV	Zip Code 89106-0100	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 500.00		
Candidate Name		Transaction ID : VQZ2GA8ZEY9			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

SUBTOTAL of Disbursements This Page (optional).....▶	1800.00
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 32 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Pisanelli, James, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 2777 Paradise Rd Unit 1701			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89109-1261	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZE78		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Pitaro, Regina, M., ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 100 Worth Ave			FEC Identification Number C		
City Palm Beach	State FL	Zip Code 33480-6710	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZE12		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Richardson, Linda, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 95 Spanish Gate Dr			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89113-0146	Amount of Each Disbursement this Period 2400.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZD27		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	7800.00
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 33 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Richardson, Linda, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 95 Spanish Gate Dr			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89113-0146			
Purpose of Disbursement Contribution Refund			Transaction ID : VQZ2GA8ZD35		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Roche, Thomas, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 10201 Orkiney Dr			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89144-4314			
Purpose of Disbursement Contribution Refund			Transaction ID : VQZ2GA8ZE50		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Rose, Catherine, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 4608 Meadowood Rd			FEC Identification Number C		
City Dallas	State TX	Zip Code 75220-2015			
Purpose of Disbursement Contribution Refund			Transaction ID : VQZ2GA8ZD85		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
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 34 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Rosenblum, Russell, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 15 Echo Peak Ln			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89135-7858			
Purpose of Disbursement Consultant - Compliance			Transaction ID : VQZ2GA8ZE86		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Rowan, Carolyn, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 927 5th Ave Fl 6			FEC Identification Number C		
City New York	State NY	Zip Code 10021-2679			
Purpose of Disbursement Contribution Refund			Transaction ID : VQZ2GA8ZER2		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Smith, Kami, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 9553 Orient Express Ct.			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89145-8700			
Purpose of Disbursement Contribution Refund			Transaction ID : VQZ2GA8ZD93		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	6750.00
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 35 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Smith, Matthew, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 9533 Orient Express Ct			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89145-8700	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZDZ6		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Stolyar, Alex, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 408 Wilshire Dr W			FEC Identification Number C		
City Wilmette	State IL	Zip Code 60091-3154	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZDF0		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Sussman, Selwyn, Donald, ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 888 E Las Olas Blvd			FEC Identification Number C		
City Ft Lauderdale	State FL	Zip Code 33301-2272	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VQZ2GA8ZED5		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8100.00
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 36 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Susie Lee for Nevada

Full Name (Last, First, Middle Initial) A. Wenger-Roesner, Elaine, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 9811 Orient Express Ct					
City Las Vegas	State NV	Zip Code 89145-8703	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : VQZ2GA8ZBA5			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State:	District:				

Full Name (Last, First, Middle Initial) B. Wynn, Elaine, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 11812 San Vicente Blvd Ste 200					
City Los Angeles	State CA	Zip Code 90049-6622	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : VQZ2GA8ZAX6			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State:	District:				

Full Name (Last, First, Middle Initial) C. Yates, William, Gully, , III			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016		
Mailing Address 2104 Ward Ln					
City Biloxi	State MS	Zip Code 39531-2318	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : VQZ2GA8ZDV5			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	133910.42

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : VR01RAPNWK4L
 Susie Lee for Nevada

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Lee, Susie, Kelley, ,		Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1909 Soaring Ct		
City Las Vegas	State NV	ZIP Code 89134-6107
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 50000.00	Balance Outstanding at Close of This Period 0.00
-------------------------------------	--	---

TERMS Date Incurred M 06 / D 23 / Y 2015	Date Due M 12 / D 31 / Y 2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : VR01RCDAG32L
 Susie Lee for Nevada

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Lee, Susie, Kelley, ,		Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1909 Soaring Ct		
City Las Vegas	State NV	ZIP Code 89134-6107
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 50000.00	Balance Outstanding at Close of This Period 0.00
-------------------------------------	--	---

TERMS	Date Incurred M ⁰⁹ / D ³⁰ / Y 2015 Y	Date Due M ¹² / D ³¹ / Y 2018 Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="0.00"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 100%;" type="text"/>

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

NAME OF COMMITTEE (In Full) **Susie Lee for Nevada** Transaction ID : **VR01REYE0V1L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lee, Susie, Kelley, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1909 Soaring Ct			
City Las Vegas	State NV	ZIP Code 89134-6107	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 50000.00	Balance Outstanding at Close of This Period 0.00
-------------------------------------	--	---

TERMS	Date Incurred M 12 ^M / D 30 ^D / Y 2015 Y	Date Due M 12 ^M / D 31 ^D / Y 2018 Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Susie Lee for Nevada** Transaction ID : **VR01RG8GTA5L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lee, Susie, Kelley, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1909 Soaring Ct			
City Las Vegas	State NV	ZIP Code 89134-6107	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 50000.00	Balance Outstanding at Close of This Period 0.00
-------------------------------------	--	---

TERMS	Date Incurred M 03 / D 31 / Y 2016	Date Due M 12 / D 31 / Y 2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Susie Lee for Nevada** Transaction ID : **VR01RGVAZF0L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lee, Susie, Kelley, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1909 Soaring Ct			
City Las Vegas	State NV	ZIP Code 89134-6107	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 100000.00	Balance Outstanding at Close of This Period 0.00
--------------------------------------	---	---

TERMS	Date Incurred M 05 / D 20 / Y 2016	Date Due M 12 / D 31 / Y 2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Susie Lee for Nevada** Transaction ID : **VR01RGVYXA2L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lee, Susie, Kelley, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1909 Soaring Ct			
City Las Vegas	State NV	ZIP Code 89134-6107	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 100000.00	Balance Outstanding at Close of This Period 0.00
--------------------------------------	---	---

TERMS	Date Incurred M 05 / D 27 / Y 2016	Date Due M 12 / D 31 / Y 2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Susie Lee for Nevada** Transaction ID : **VR01RGXN5M7L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lee, Susie, Kelley, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1909 Soaring Ct			
City Las Vegas	State NV	ZIP Code 89134-6107	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 100000.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 06 / D 03 / Y 2016	Date Due M 12 / D 31 / Y 2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Susie Lee for Nevada** Transaction ID : **VR01RGYM3R5L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lee, Susie, Kelley, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1909 Soaring Ct			
City Las Vegas	State NV	ZIP Code 89134-6107	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 100000.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 06 / D 07 / Y 2016	Date Due M 12 / D 31 / Y 2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Susie Lee for Nevada** Transaction ID : VR01RH14HY3L

LOAN SOURCE Full Name (Last, First, Middle Initial) Lee, Susie, Kelley, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1909 Soaring Ct			
City Las Vegas	State NV	ZIP Code 89134-6107	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 55000.00	Cumulative Payment To Date 55000.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 06 / D 13 / Y 2016	Date Due M 12 / D 31 / Y 2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	0.00

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