

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
CLAY JR. FOR CONGRESS

ADDRESS (number and street) P.O. BOX 4544
 Check if different than previously reported. (ACC) ST. LOUIS MO 63108

2. **FEC IDENTIFICATION NUMBER** C C00346080 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MO 01

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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2015 through M M / D D / Y Y Y Y 09 / 30 / 2015

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 WILLIS LLOYD

Signature of Treasurer WILLIS LLOYD [Electronically Filed] Date M M / D D / Y Y Y Y 10 / 14 / 2015

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
CLAY JR. FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	77876.86	179966.22
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	77876.86	179966.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	36698.00	150729.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	400.00	3095.15
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	36298.00	147634.57
8. Cash on Hand at Close of Reporting Period (from Line 27).....	358322.91	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CLAY JR. FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2076.30	15894.61
(ii) Unitemized.....	0.56	1596.61
(iii) TOTAL of contributions from individuals ▶	2076.86	17491.22
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	75800.00	162475.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	77876.86	179966.22
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	400.00	3095.15
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)..... ▶	78276.86	183061.37

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36698.00	150729.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	1000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	17421.00	20315.85
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	54119.00	172045.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	334165.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	78276.86
25. SUBTOTAL (add Line 23 and Line 24).....	412441.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	54119.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	358322.91

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACT Blue PAC

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4798.56

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SA11AI.20078

Amount of Each Receipt this Period
480.25

Conduit for Individual Contribution

B. Full Name (Last, First, Middle Initial)
Paul A Brathwaite

Mailing Address 13102 Jordan Endeavor Drive

City State Zip Code
Bowie MD 20720

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

Name of Employer Occupation
Podesta Group Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SA11AI.20078.0

Amount of Each Receipt this Period
500.00

Contribution
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ACT Blue PAC

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4894.61

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2015

Transaction ID : SA11AI.20134

Amount of Each Receipt this Period
96.05

Contribution

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

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

576.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) Booker T. Jones		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2015	
Mailing Address 5220 Keele St		Transaction ID : SA11AI.20090	
City Jackson	State MS	Amount of Each Receipt this Period 1000.00 Contribution	
Zip Code 39206			
FEC ID number of contributing federal political committee. C			
Name of Employer Minact, Inc	Occupation President		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) Mike McKay		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 6500 Dehill Lane		Transaction ID : SA11AI.20132	
City Haymarket	State VA	Amount of Each Receipt this Period 500.00 Contribution	
Zip Code 20155			
FEC ID number of contributing federal political committee. C			
Name of Employer Empire Consulting Group	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

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

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	2076.30

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

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

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

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American Association for Justice Political Action Committee

Mailing Address 1050 31st Street N.W.

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : SA11C.20075

Amount of Each Receipt this Period
 Contribution 2500.00

B. Full Name (Last, First, Middle Initial)
American Federation Of State, County And Municipal Employees, AFL-CIO (D.C.)

Mailing Address 1625 L Street, N.W.

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : SA11C.20112

Amount of Each Receipt this Period
 Contribution 1500.00

C. Full Name (Last, First, Middle Initial)
American Financial Services Association PAC

Mailing Address 919 18th Street NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : SA11C.20083

Amount of Each Receipt this Period
 Contribution 2000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American Postal Workers Union AFL-CIO

Mailing Address 1300 L St., N W

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2015

Transaction ID : SA11C.20086

Amount of Each Receipt this Period
 Contribution 2000.00

B. Full Name (Last, First, Middle Initial)
AMERIPAC

Mailing Address 140 COVANT #2

City MANCHESTER State NH Zip Code 03102

FEC ID number of contributing federal political committee. **C** C00348920

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : SA11C.20114

Amount of Each Receipt this Period
 Contribution 5000.00

C. Full Name (Last, First, Middle Initial)
AT & T Federal PAC

Mailing Address 175 E. Houston
Room 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.20119

Amount of Each Receipt this Period
 Contribution 1500.00

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Caterpillar Employees PAC

Mailing Address 1425 K Street, NW

City Wahington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11C.20091

Amount of Each Receipt this Period
 Contribution 1000.00

B. Full Name (Last, First, Middle Initial)
Charter Communications, Inc. PAC

Mailing Address 1919 Pennsylvania Ave. N.W. Ste. 200

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00426775

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.20123

Amount of Each Receipt this Period
 Contribution 5000.00

C. Full Name (Last, First, Middle Initial)
Communication Workers of America-COPE Political Contributions Committee

Mailing Address 501 Third Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : SA11C.20105

Amount of Each Receipt this Period
 Contribution 5000.00

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

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

11000.00

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

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

FOR LINE NUMBER: PAGE 10 OF 35
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Communication Workers of America-COPE Political Contributions Committee

Mailing Address 501 Third Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00002089**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : SA11C.20106

Amount of Each Receipt this Period
 5000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Emerson Electric Company PAC

Mailing Address 8000 W Florissant Avenue
Station 2310

City St. Louis State MO Zip Code 63136

FEC ID number of contributing federal political committee. **C C00080515**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : SA11C.20113

Amount of Each Receipt this Period
 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
General Motors Corporation Political Action Committee (GM PAC)

Mailing Address P.O. Box 75000
PAC Services MC 2250

City Detroit State MI Zip Code 48275

FEC ID number of contributing federal political committee. **C C00076810**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11C.20094

Amount of Each Receipt this Period
 2500.00
 Contribution

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

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

8500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 35
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GRIDIRON-PAC

Mailing Address 280 Park Avenue

City State Zip Code
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00451153

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 30 2015

Transaction ID : SA11C.20127

Amount of Each Receipt this Period
 Contribution 2000.00

B. Full Name (Last, First, Middle Initial)
Independent Community Bankers PAC

Mailing Address One Thomas Circle, NW
Suite 400

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 03 2015

Transaction ID : SA11C.20084

Amount of Each Receipt this Period
 Contribution 2000.00

C. Full Name (Last, First, Middle Initial)
Independent Insurance Agents of America

Mailing Address 412 First St. SE
Suite 300

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 17 2015

Transaction ID : SA11C.20100

Amount of Each Receipt this Period
 Contribution 1000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Independent Insurance Agents of America

Mailing Address 412 First St. SE
Suite 300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11C.20140

Amount of Each Receipt this Period
Contribution 1000.00

B. Full Name (Last, First, Middle Initial)
MALLINCKRODT INC. POLITICAL ACTION COMMITTEE

Mailing Address 675 McDonnell Blvd

City St Louis State MO Zip Code 63042

FEC ID number of contributing federal political committee. **C** C00113753

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

Transaction ID : SA11C.20076

Amount of Each Receipt this Period
Contribution 2500.00

C. Full Name (Last, First, Middle Initial)
Monsanto Citizenship Fund

Mailing Address 800 N. Lindbergh Boulevard

City St. Louis State MO Zip Code 63167

FEC ID number of contributing federal political committee. **C** C00042069

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11C.20138

Amount of Each Receipt this Period
Contribution 3000.00

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 13 OF 35
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mortgage Bankers Association of America

Mailing Address 1919 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00004812**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.20129

Amount of Each Receipt this Period
 1000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
NAFCU PAC

Mailing Address 3138 North 10th Street

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C C00040659**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11C.20096

Amount of Each Receipt this Period
 1000.00
 Contribution

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

Mailing Address 3138 North 10th Street

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C C00040659**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11C.20098

Amount of Each Receipt this Period
 1000.00
 Contribution

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. National Association of Insurance and Financial Advisors

Full Name (Last, First, Middle Initial)
Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : SA11C.20111

Amount of Each Receipt this Period
 Contribution 1500.00

B. National Association of Mortgage Brokers

Full Name (Last, First, Middle Initial)
Mailing Address 7900 Westpark Drive Suite T309

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00254201

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11C.20133

Amount of Each Receipt this Period
 Contribution 1000.00

C. NAVIENT CORPORATION PAC (NAVIENT PAC)

Full Name (Last, First, Middle Initial)
Mailing Address 2001 EDMUND HALLEY DR. V224A

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00331835

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11C.20121

Amount of Each Receipt this Period
 Contribution 1000.00

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 15 OF 35
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Polsinelli PAC

Mailing Address 1401 Eye Street, NW
Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00445981**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : SA11C.20110

Amount of Each Receipt this Period
 Contribution 1500.00

B. Full Name (Last, First, Middle Initial)
REAL ESTATE AWARENESS LEAGUE POLITICAL ACTION COMMITTEE

Mailing Address 10451 MILL RUN CIRCLE SUITE 400

City OWINGS MILLS State MD Zip Code 21117

FEC ID number of contributing federal political committee. **C C00449058**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.20130

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
Realtors Political Action Committee

Mailing Address 430 N. Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2015

Transaction ID : SA11C.20082

Amount of Each Receipt this Period
 Contribution 2000.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 16 OF 35
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Realtors Political Action Committee

Mailing Address 430 N. Michigan Avenue

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2015

Transaction ID : SA11C.20085

Amount of Each Receipt this Period
 Contribution 1000.00

Amount of Each Receipt this Period
 Contribution 3000.00

B. Full Name (Last, First, Middle Initial)
Securities Industry and Financial Markets Assoc.

Mailing Address 1101 New York Avenue, NW
8th Floor

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.20118

Amount of Each Receipt this Period
 Contribution 1000.00

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
Sheet Metal Workers International Association Political Action League PAL

Mailing Address 1750 New York Avenue

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.20124

Amount of Each Receipt this Period
 Contribution 2800.00

Amount of Each Receipt this Period
 Contribution 4000.00

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

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

4800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Society of Independent Gasoline Marketers of America PAC

Mailing Address 3930 Pender Drive
Suite 340

City State Zip Code
Fairfax VA 20121

FEC ID number of contributing federal political committee. **C C00120030**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

Transaction ID : SA11C.20077

Amount of Each Receipt this Period
Contribution 2000.00

B. Full Name (Last, First, Middle Initial)
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address One State Farm Plaza

City State Zip Code
Bloomington IL 61710

FEC ID number of contributing federal political committee. **C C00544817**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : SA11C.20108

Amount of Each Receipt this Period
Contribution 1500.00

C. Full Name (Last, First, Middle Initial)
The Goldman Sachs Group Inc. PAC

Mailing Address 101 Constitution Avenue, NW
Suite 1000E

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C C00350744**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : SA11C.20099

Amount of Each Receipt this Period
Contribution 1500.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 35
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Title Industry PAC

Mailing Address 1828 L Street, NW
Suite 705

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00012914

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.20126

Amount of Each Receipt this Period
 Contribution 1500.00

B. Full Name (Last, First, Middle Initial)
TOYOTA MOTOR NORTH AMERICA INC PAC AKA TOYOTA/LEXUS PAC

Mailing Address 601 THIRTEENTH STREET NW
STE 910 S

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00542365

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2015

Transaction ID : SA11C.20107

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
UAW V CAP

Mailing Address 8000 East Jefferson Avenue

City Detroit State MI Zip Code 48214-3963

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11C.20093

Amount of Each Receipt this Period
 Contribution 5000.00

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
United Mine Workers of America Coal Miners PAC

Mailing Address 18354 Quantico Gateway Drive
#200

City State Zip Code
Triangle VA 22172

FEC ID number of contributing federal political committee. **C** C00013342

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11C.20128

Amount of Each Receipt this Period
Contribution 1000.00

B. Full Name (Last, First, Middle Initial)
United Transportation Union PAC

Mailing Address 24950 Country Club Blvd
Suite 340

City State Zip Code
North Olmstead OH 44070

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : SA11C.20109

Amount of Each Receipt this Period
Contribution 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2000.00

75800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Wm. Lacy Clay Jr.

Mailing Address 6023 Waterman
Unit 1E

City St. Louis State MO Zip Code 63112

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

Name of Employer U.S. House of Representatives Occupation Congressman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 29 / 2015

Transaction ID : SA14.20139

Amount of Each Receipt this Period
400.00

Reimbursed Campaign for Ticket

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

400.00

400.00

**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 35	
	<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)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anthony M. Alexis		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 441 Southhampton Drive		Amount of Each Disbursement this Period 895.00 Transaction ID : SB17.20141
City Silver Spring	State MD	
Zip Code 20903	Purpose of Disbursement Professional Fee: Social Media Technician	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Anthony M. Alexis		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address 441 Southhampton Drive		Amount of Each Disbursement this Period 295.00 Transaction ID : SB17.20148
City Silver Spring	State MD	
Zip Code 20903	Purpose of Disbursement Professional Fee: Social Media Technician	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Anthony M. Alexis		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 441 Southhampton Drive		Amount of Each Disbursement this Period 475.00 Transaction ID : SB17.20157
City Silver Spring	State MD	
Zip Code 20903	Purpose of Disbursement Professional Fee: Social Media Technician	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	890.00
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 35			
	<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)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address P.O. Box 360002		Amount of Each Disbursement this Period 900.00
City Fort Lauderdale	State FL	
Zip Code 33336-0002	Purpose of Disbursement Travel Expense	Transaction ID : SB17.20144
Candidate Name	Category/ Type	
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. Benchmark Internet Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 10621 Callee Lee Building 141		Amount of Each Disbursement this Period 65.00
City Los Angeles	State CA	
Zip Code 90720	Purpose of Disbursement Internet Service	Transaction ID : SB17.20144.0
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address P.O. Box 36647		Amount of Each Disbursement this Period 112.00
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Travel	Transaction ID : SB17.20144.1
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	900.00
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 35			
	<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)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mark's Quick Printing		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 9567 Page Avenue Suite 100		Amount of Each Disbursement this Period 97.00
City St. Louis	State MO	
Zip Code 63132	Purpose of Disbursement Advertising	Transaction ID : SB17.20144.2
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address P.O. Box 360002		Amount of Each Disbursement this Period 300.00
City Fort Lauderdale	State FL	
Zip Code 33336-0002	Purpose of Disbursement Travel	Transaction ID : SB17.20147
Candidate Name	Category/Type	
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. American Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address P.O. Box 360002		Amount of Each Disbursement this Period 2291.00
City Fort Lauderdale	State FL	
Zip Code 33336-0002	Purpose of Disbursement Travel	Transaction ID : SB17.20158
Candidate Name	Category/Type	
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).....	2591.00
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 35			
	<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)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address P.O. Box 619612 Mail Drop 2400		Amount of Each Disbursement this Period 399.00
City Dallas-Fort Worth	State TX Zip Code 75261	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : SB17.20158.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address P.O. Box 619612 Mail Drop 2400		Amount of Each Disbursement this Period 399.00
City Dallas-Fort Worth	State TX Zip Code 75261	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : SB17.20158.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Benchmark Internet Group		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 10621 Callee Lee Building 141		Amount of Each Disbursement this Period 65.00
City Los Angeles	State CA Zip Code 90720	
Purpose of Disbursement Internet Service	Candidate Name	Transaction ID : SB17.20158.2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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 25 OF 35	
	<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)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Corner Bakery		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 1801 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 209.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Caterer for Fundraiser	Transaction ID : SB17.20158.3
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address P.O. Box 36647		Amount of Each Disbursement this Period 282.00
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Travel	Transaction ID : SB17.20158.4
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address P.O. Box 360002		Amount of Each Disbursement this Period 1419.00
City Fort Lauderdale	State FL	
Zip Code 33336-0002	Purpose of Disbursement Travel	Transaction ID : SB17.20174
Candidate Name	Category/Type	
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).....	1419.00
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 35	
	<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)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Atria		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 137 Main Street		Amount of Each Disbursement this Period 260.00
City Edgartown	State MA	
Zip Code 02539	Purpose of Disbursement Dinner with Contributors	Transaction ID : SB17.20174.0 [MEMO ITEM]
Candidate Name	Category/Type	
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. Benchmark Internet Group		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 10621 Callee Lee Building 141		Amount of Each Disbursement this Period 65.00
City Los Angeles	State CA	
Zip Code 90720	Purpose of Disbursement Internet Service	Transaction ID : SB17.20174.1 [MEMO ITEM]
Candidate Name	Category/Type	
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. Koons Ford, Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 46869 Harry Byrd HWY		Amount of Each Disbursement this Period 202.00
City Sterling	State VA	
Zip Code 20164	Purpose of Disbursement Automobile	Transaction ID : SB17.20174.2 [MEMO ITEM]
Candidate Name	Category/Type	
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 27 OF 35	
	<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)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address P.O. Box 360002		Amount of Each Disbursement this Period 9,999,999.99 156.00
City Fort Lauderdale	State FL	
Zip Code 33336-0002	Purpose of Disbursement Supplies	Transaction ID : SB17.20188
Candidate Name	Category/Type	
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. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address P.O. Box 650553		Amount of Each Disbursement this Period 9,999,999.99 115.00
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Telephone	Transaction ID : SB17.20146
Candidate Name	Category/Type	
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. Steven Engelhardt		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 5221 Nottingham		Amount of Each Disbursement this Period 9,999,999.99 700.00
City St. Louis	State MO	
Zip Code 63109	Purpose of Disbursement Professional Fee: Communication & Media Specialist	Transaction ID : SB17.20142
Candidate Name	Category/Type	
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).....	971.00
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 35			
	<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)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Steven Engelhardt		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 5221 Nottingham		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.20155
City St. Louis	State MO	
Zip Code 63109	Purpose of Disbursement Professional Fee: Communication & Media Specialist	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Steven Engelhardt		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 5221 Nottingham		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.20162
City St. Louis	State MO	
Zip Code 63109	Purpose of Disbursement Professional Fee: Communication & Media Specialist	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Steven Engelhardt		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 5221 Nottingham		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.20168
City St. Louis	State MO	
Zip Code 63109	Purpose of Disbursement Professional Fee: Communication & Media Specialist	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	1400.00
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 35			
	<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)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Enterprise Leasing		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address P.O. Box 16030		Amount of Each Disbursement this Period 334.00 Transaction ID : SB17.20143
City St.. Louis	State MO	
Zip Code 63105-0730	Purpose of Disbursement Automobile Expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Enterprise Leasing		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address P.O. Box 16030		Amount of Each Disbursement this Period 334.00 Transaction ID : SB17.20154
City St.. Louis	State MO	
Zip Code 63105-0730	Purpose of Disbursement Automobile	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Enterprise Leasing		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2015
Mailing Address P.O. Box 16030		Amount of Each Disbursement this Period 334.00 Transaction ID : SB17.20173
City St.. Louis	State MO	
Zip Code 63105-0730	Purpose of Disbursement Automobile Expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1002.00
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 35			
	<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)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fraioli & Associates			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015		
Mailing Address 423 B New Jersey Avenue, SE			Amount of Each Disbursement this Period 2000.00		
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.20151		
Purpose of Disbursement Professional Fee: Fundraising		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Fraioli & Associates			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015		
Mailing Address 423 B New Jersey Avenue, SE			Amount of Each Disbursement this Period 2000.00		
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.20161		
Purpose of Disbursement Professional Fee: Fundraising		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. Fraioli & Associates			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2015		
Mailing Address 423 B New Jersey Avenue, SE			Amount of Each Disbursement this Period 2000.00		
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.20175		
Purpose of Disbursement Professional Fee: Fundraising		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	6000.00
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 35	
	<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)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. General Motors Corporation		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address 25 Massachusetts Avenue, NW #400		Amount of Each Disbursement this Period 295.00
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Room Rental Fee for Fundraiser		Transaction ID : SB17.20149
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Law Office Of Michelle C. Clay, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 12116 Kerwood Road		Amount of Each Disbursement this Period 6000.00
City Silver Spring	State MD Zip Code 20904	
Purpose of Disbursement Professional Fee: Fundraising		Transaction ID : SB17.20152
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Law Office Of Michelle C. Clay, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 12116 Kerwood Road		Amount of Each Disbursement this Period 6000.00
City Silver Spring	State MD Zip Code 20904	
Purpose of Disbursement Professional Fee: Fundraiser		Transaction ID : SB17.20164
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).....	12295.00
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 35		
	<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)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 30 Ivy Street, S.E.		Amount of Each Disbursement this Period 239.00 Transaction ID : SB17.20153
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Meals While Working	
Candidate Name	Category/Type	
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. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2015
Mailing Address 30 Ivy Street, S.E.		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.20160
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Meals While Working	
Candidate Name	Category/Type	
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. PSAV St. Louis		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 950 Bolger Court		Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.20185
City Fenton State MO Zip Code 63026	Purpose of Disbursement Audio Visual Equipment	
Candidate Name	Category/Type	
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).....	924.00
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 35			
	<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)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Universal Printing Company			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2015	
Mailing Address 1234 S. Kingshighway Blvd.			Amount of Each Disbursement this Period 7656.00	
City St. Louis	State MO	Zip Code 63110	Transaction ID : SB17.20156	
Purpose of Disbursement Advertising		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. William L. Clay Scholarship and Research Fund			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015	
Mailing Address P.O. BOX 4693			Amount of Each Disbursement this Period 500.00	
City ST. LOUIS	State MO	Zip Code 63108	Transaction ID : SB17.20182	
Purpose of Disbursement Donation		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	8156.00
TOTAL This Period (last page this line number only).....	36548.00

**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 35
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anthony M. Alexis		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 441 Southhampton Drive		Amount of Each Disbursement this Period 305.00 Transaction ID : SB21.20181
City Silver Spring	State MD	
Zip Code 20903	Purpose of Disbursement Professional Fee: Social Media Technician	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2015
Mailing Address P.O. Box 650553		Amount of Each Disbursement this Period 116.00 Transaction ID : SB21.20179
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Telephone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Comm.		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB21.20178
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	10421.00
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 35	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Law Office Of Michelle C. Clay, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 12116 Kerwood Road		Amount of Each Disbursement this Period 6000.00
City Silver Spring	State MD	
Zip Code 20904	Purpose of Disbursement Professional Fee: Fundraising	Transaction ID : SB21.20180
Candidate Name	Category/Type	
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. Preservation of Public Service Legal Trust		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address P.O. 30743		Amount of Each Disbursement this Period 1000.00
City Philadelphia	State PA	
Zip Code 19104	Purpose of Disbursement Non Federal	Transaction ID : SB21.20170
Candidate Name	Category/Type	
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
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).....	7000.00
TOTAL This Period (last page this line number only).....	17421.00