

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. BELIEVE AGAIN

ADDRESS (number and street) 817 SLATERS LANE ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER C00571711 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: (b) Monthly Report Due On: (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:

5. Covering Period 07 01 2015 through 12 31 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 ROBERT YARBOROUGH

Signature of Treasurer ROBERT YARBOROUGH [Electronically Filed] Date 01 31 2016

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 3X (Rev. 02/2003)

Write or Type Committee Name

**BELIEVE AGAIN**

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

|  | COLUMN A<br>This Period                 | COLUMN B<br>Calendar Year-to-Date       |
|--|---|---|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2015"/>  | <input type="text" value="0.00"/>       | <input type="text" value="0.00"/>       |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="2576988.62"/> |   |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="765700.00"/>  | <input type="text" value="4451618.86"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="3342688.62"/> | <input type="text" value="4451618.86"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="3340375.77"/> | <input type="text" value="4449306.01"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="2312.85"/>    | <input type="text" value="2312.85"/>    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>       |   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>       |   |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

BELIEVE AGAIN

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 763300.00                     | 4448628.86                        |
| (ii) Unitemized .....   | 100.00                        | 690.00                            |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 763400.00                     | 4449318.86                        |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 763400.00                     | 4449318.86                        |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 300.00                        | 300.00                            |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 2000.00                       | 2000.00                           |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 765700.00                     | 4451618.86                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 765700.00                     | 4451618.86                        |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 1166534.51                    | 1814432.75                        |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 1166534.51                    | 1814432.75                        |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 2173841.26                    | 2634873.26                        |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. 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 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 3340375.77                    | 4449306.01                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3340375.77                    | 4449306.01                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 763400.00                     | 4449318.86                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 763400.00                     | 4449318.86                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 1166534.51                    | 1814432.75                        |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 300.00                        | 300.00                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 1166234.51                    | 1814132.75                        |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 6 OF 178                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

**A. MEUCHADIM OF FLORIDA LTD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6100 HOLLYWOOD BLVD, STE 407

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>HOLLYWOOD | State<br>FL | Zip Code<br>33024-7981 |
|-------------------|-------------|------------------------|

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|                  |            |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : SA11.136**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

**B. TOM BENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5800 AIRLINE DR

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>METAIRIE | State<br>LA | Zip Code<br>70003-3876 |
|------------------|-------------|------------------------|

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

|  |                     |
|--|---------------------|
| Name of Employer<br>NEW ORLEANS SAINTS | Occupation<br>OWNER |
|--|---------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 125000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 08 / 2015  
**Transaction ID : SA11.137**

Amount of Each Receipt this Period  
 100000.00

CONTRIBUTION

**C. COLLEEN WELCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 LYNNWOOD TERRACE

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>NASHVILLE | State<br>TN | Zip Code<br>37205-2911 |
|-------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 08 / 2015  
**Transaction ID : SA11.138**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 111000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |           |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 7 OF 178                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)  
**A. DAN WILKS**

Mailing Address 425 COUNTY RD 168

City State Zip Code  
CISCO TX 76437-6413

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

Name of Employer Occupation  
WILKS BROTHERS, LLC CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2015

**Transaction ID : SA11.144**

Amount of Each Receipt this Period  
125000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. FARRIS WILKS**

Mailing Address PO BOX 1644

City State Zip Code  
CISCO TX 76437-1644

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

Name of Employer Occupation  
WILKS BROTHERS, LLC COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2015

**Transaction ID : SA11.143**

Amount of Each Receipt this Period  
125000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ACADIA ST LANDRY GUEST HOME**

Mailing Address 830 S BROADWAY ST

City State Zip Code  
CHURCH POINT LA 70525-4402

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2015

**Transaction ID : SA11.146**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 252000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |           |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 8 OF 178   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)  
**A. AMELIA MANOR INC**

Mailing Address 903 CENTER ST

City LAFAYETTE State LA Zip Code 70501-3901

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : SA11.147**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ST AGNES HEALTHCARE & REHAB**

Mailing Address PO BOX 10

City BREAUX BRIDGE State LA Zip Code 70517-0010

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : SA11.145**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. VIRGINIA JAMES**

Mailing Address P.O. BOX 60

City LAMBERTVILLE State NJ Zip Code 08530-0060

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11.148**

Amount of Each Receipt this Period  
 50000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 54000.00

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



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 OF 178                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)  
**A. ASSOCIATED BRANCH PILOTS**

Mailing Address 3813 N CAUSEWAY BLVD  
#100

City METAIRIE State LA Zip Code 70002-2043

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
08 / 10 / 2015  
**Transaction ID : SA11.149**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

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

Mailing Address 4610 WESTAMERICA DR

City FAIRFIELD State CA Zip Code 94534-4186

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200000.00

Date of Receipt  
08 / 20 / 2015  
**Transaction ID : SA11.150**

Amount of Each Receipt this Period  
100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. GEORGE JOHN**

Mailing Address 12464 54TH AVENUE NORTH

City PLYMOUTH State MN Zip Code 55442-1875

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

Name of Employer Occupation  
UNIVERSITY OF MINNESOTA PROFESSOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
08 / 26 / 2015  
**Transaction ID : SA11.153**

Amount of Each Receipt this Period  
3000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105500.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

**A. SEAN M. FIELER**  
Full Name (Last, First, Middle Initial)

Mailing Address 623 FIFTH AVE

City NEW YORK State NY Zip Code 10022-6831

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

Name of Employer EQUINOX PARTNERS Occupation FINANCIAL ANALYST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : SA11.154**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

**B. RAMA MANTENA**  
Full Name (Last, First, Middle Initial)

Mailing Address 214 BEARS CUB DRIVE

City JUPITER State FL Zip Code 33477-4202

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

Name of Employer P4 HEALTH Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : SA11.155**

Amount of Each Receipt this Period  
 100000.00

CONTRIBUTION

**C. PAUL RAINWATER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2309 FIERO

City BATON ROUGE State LA Zip Code 70808-

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

Name of Employer RAINWATER CONSULTING Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2015  
**Transaction ID : SA11.161**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115000.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)  
**A. RICHARD D. GABY**

Mailing Address 445 OLD HOMESTEAD TRL

City State Zip Code  
JOHNS CREEK GA 30097-8027

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

Name of Employer Occupation  
SELF INVESTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.156**

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. PLANTATION MANAGEMENT CO LLC**

Mailing Address 301 VETERANS BLVD

City State Zip Code  
DENHAM SPRINGS LA 70726-4722

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.157**

Amount of Each Receipt this Period  
2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. PLANTATION MANAGEMENT CO LLC**

Mailing Address 301 VETERANS BLVD

City State Zip Code  
DENHAM SPRINGS LA 70726-4722

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.158**

Amount of Each Receipt this Period  
2700.00

CONTRIBUTION

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 55400.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |          |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 12 OF 178               |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SEAN M. FIELER</b>   |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 16 / 2015<br><b>Transaction ID : SA11.159</b> |
| Mailing Address 623 FIFTH AVE   |                                      | Amount of Each Receipt this Period<br>15000.00   |
| City<br>NEW YORK  | State<br>NY                          | Zip Code<br>10022-6831   |
| FEC ID number of contributing federal political committee.<br>C   |                                      | CONTRIBUTION   |
| Name of Employer<br>EQUINOX PARTNERS  | Occupation<br>FINANCIAL ANALYST      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>25000.00 |  |

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. G. BRINT RYAN</b>  |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 16 / 2015<br><b>Transaction ID : SA11.160</b> |
| Mailing Address PO BOX 803447   |                                      | Amount of Each Receipt this Period<br>50000.00   |
| City<br>DALLAS  | State<br>TX                          | Zip Code<br>75380-3447   |
| FEC ID number of contributing federal political committee.<br>C   |                                      | CONTRIBUTION   |
| Name of Employer<br>RYAN  | Occupation<br>CHAIRMAN & CEO         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>50000.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. THOMAS G COUSINS</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>12 / 11 / 2015<br><b>Transaction ID : SA11.162</b> |
| Mailing Address 3445 PEACHTREE RD NE  |                                     | Amount of Each Receipt this Period<br>5400.00  |
| City<br>ATLANTA   | State<br>GA                         | Zip Code<br>30326-   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | CONTRIBUTION   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5400.00 |  |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 70400.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 763300.00 |

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

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

FOR LINE NUMBER: PAGE 13 OF 178  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)  
**A. COMMITTEE TO ELECT DALE SITTING**

Mailing Address **PO BOX 747**

City **EUNICE**   State **LA**   Zip Code **70535-0747**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 20 / 2015**

**Transaction ID : SA11.151**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

**CONTRIBUTION**

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

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) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_

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

Amount of Each Receipt this Period  
 \_\_\_\_\_

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

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) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_

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

Amount of Each Receipt this Period  
 \_\_\_\_\_

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | _____ 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | _____ 2000.00 |

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. AMERICAN LEGION POST #26**

Mailing Address 702 W 35TH ST

City DAVENPORT State IA Zip Code 52806

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

Transaction ID : 7

Amount of Each Disbursement this Period

275.00

Full Name (Last, First, Middle Initial)

**B. CEDAR RAPIDS MUSEUM OF ART**

Mailing Address 410 3RD AVE SE

City CEDAR RAPIDS State IA Zip Code 52401

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

Transaction ID : 58

Amount of Each Disbursement this Period

510.00

Full Name (Last, First, Middle Initial)

**C. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

Transaction ID : 276

Amount of Each Disbursement this Period

3012.00

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

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

3797.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
FOOD AND BEVERAGE / TRAVEL / AV RENTAL / OFFICE EQUIPMENT /  
VENUE RENTAL  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : 521

Amount of Each Disbursement this Period

6229.45

Full Name (Last, First, Middle Initial)

**B. 801 CHOP HOUSE**

Mailing Address 801 EAST GRAND AVENUE #200

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
FOOD AND BEVERAGE  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : 1

Amount of Each Disbursement this Period

212.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. A-D DISTRIBUTING CO**

Mailing Address 612 E GRAND AVE

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
OFFICE EQUIPMENT  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : 3

Amount of Each Disbursement this Period

535.24

[MEMO ITEM]

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

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

6229.45

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. APPLE STORE**

Mailing Address 1 INFINITE LOOP

City CUPERTINO State CA Zip Code 95014

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : 21

Amount of Each Disbursement this Period

18.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CASEYS GENERAL STORE**

Mailing Address ONE SE CONVENIENCE BLVD.

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : 48

Amount of Each Disbursement this Period

13.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : 124

Amount of Each Disbursement this Period

357.50

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. DOS RIOS**

Mailing Address 316 COURT AVE

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : 148

Amount of Each Disbursement this Period

39.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MACHINE SHED**

Mailing Address 1501 RIVER DRIVE

City MOLINE State IL Zip Code 61265

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : 262

Amount of Each Disbursement this Period

28.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MEETING TOMORROW**

Mailing Address 1802 W. BERTEAU AVENUE

City CHICAGO State IL Zip Code 60613

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : 270

Amount of Each Disbursement this Period

3749.82

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : 351

Amount of Each Disbursement this Period

996.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. THE HOME DEPOT**

Mailing Address 2727 PACES FERRY ROAD

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : 479

Amount of Each Disbursement this Period

44.54

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. THUNDER BAY GRILLE**

Mailing Address 6511 BRADY ST

City DAVENPORT State IA Zip Code 52806

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : 486

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : 62

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : 63

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : 64

Amount of Each Disbursement this Period

15.00

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

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

45.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 10156 PERKINS ROAD, SUITE 217F

City State Zip Code  
BATON ROUGE LA 70810

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2015

**Transaction ID : 18**

Amount of Each Disbursement this Period

4.20

**B. AMERICAN LEGION POST 6**

Full Name (Last, First, Middle Initial)

Mailing Address 1306 DELHI STREET

City State Zip Code  
DUBUQUE IA 52001

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2015

**Transaction ID : 9**

Amount of Each Disbursement this Period

125.00

**C. BMO CONSULTING**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9891

City State Zip Code  
ARLINGTON VA 22219

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2015

**Transaction ID : 33**

Amount of Each Disbursement this Period

2700.00

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

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

2829.20

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD, STE 400

City State Zip Code  
TYSONS CORNER VA 22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2015

Transaction ID : 115

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. VFW POST 1623**

Mailing Address 1406 COMMERCIAL STREET

City State Zip Code  
WATERLOO IA 50702

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2015

Transaction ID : 500

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City State Zip Code  
ARLINGTON VA 22201

Purpose of Disbursement  
TRAVEL / OFFICE EQUIPMENT / A/V RENTAL / UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

Transaction ID : 507

Amount of Each Disbursement this Period

7765.12

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

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

8365.12

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. APPLE STORE**

Mailing Address 1 INFINITE LOOP

City CUPERTINO State CA Zip Code 95014

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

**Transaction ID : 22**

Amount of Each Disbursement this Period

493.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

**Transaction ID : 188**

Amount of Each Disbursement this Period

1881.37

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA State OK Zip Code 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

**Transaction ID : 200**

Amount of Each Disbursement this Period

1071.01

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. KUM & GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

Transaction ID : 247

Amount of Each Disbursement this Period

33.02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MEETING TOMORROW**

Mailing Address 1802 W. BERTEAU AVENUE

City CHICAGO State IL Zip Code 60613

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

Transaction ID : 271

Amount of Each Disbursement this Period

3565.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. STORAGE MART**

Mailing Address 215 N STADIUM BLVD #207

City COLUMBIA State MO Zip Code 65203

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

Transaction ID : 369

Amount of Each Disbursement this Period

123.38

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGET**

Mailing Address 1000 NICOLLET MALL.

City State Zip Code  
MINNEAPOLIS MN 55403

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 0 | 8 |   |   | 2 | 0 | 1 | 5 |   |   |

Transaction ID : 377

Amount of Each Disbursement this Period

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 2 | 8 | 9 | . | 1 | 1 |
|---|---|---|---|---|---|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. THE HOME DEPOT**

Mailing Address 2727 PACES FERRY ROAD

City State Zip Code  
ATLANTA GA 30339

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 0 | 8 |   |   | 2 | 0 | 1 | 5 |   |   |

Transaction ID : 480

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 6 | . | 5 | 6 |
|---|---|---|---|---|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code  
MCLEAN VA 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 0 | 8 |   |   | 2 | 0 | 1 | 5 |   |   |

Transaction ID : 65

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 5 | . | 0 | 0 |
|---|---|---|---|---|

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

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

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 5 | . | 0 | 0 |
|---|---|---|---|---|

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 5 | . | 0 | 0 |
|---|---|---|---|---|



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code  
MCLEAN VA 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2015

**Transaction ID : 66**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City State Zip Code  
ANNAPOLIS MD 21401

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2015

**Transaction ID : 280**

Amount of Each Disbursement this Period

924.50

Full Name (Last, First, Middle Initial)

**C. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City State Zip Code  
ANNAPOLIS MD 21401

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2015

**Transaction ID : 318**

Amount of Each Disbursement this Period

25000.00

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

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

25939.50

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

Transaction ID : 324

Amount of Each Disbursement this Period

24304.39

Full Name (Last, First, Middle Initial)

**B. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

Transaction ID : 325

Amount of Each Disbursement this Period

28500.00

Full Name (Last, First, Middle Initial)

**C. AMERICAN MEDIA & ADVOCACY GROUP**

Mailing Address 815 SLATERS LN

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

Transaction ID : 10

Amount of Each Disbursement this Period

250.00

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

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

53054.39

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. BIAGGI'S**

Mailing Address 5195 UTICA RIDGE ROAD

City DAVENPORT State IA Zip Code 52807

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

Transaction ID : 31

Amount of Each Disbursement this Period

2283.00

Full Name (Last, First, Middle Initial)

**B. GRASSROOTS TARGETING**

Mailing Address 707 PRINCE ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EMAIL / MICROTARGETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

Transaction ID : 181

Amount of Each Disbursement this Period

21667.64

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

Transaction ID : 381

Amount of Each Disbursement this Period

3034.08

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

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

26984.72

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

**Transaction ID : 382**

Amount of Each Disbursement this Period

1067.52

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

**Transaction ID : 383**

Amount of Each Disbursement this Period

1096.44

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

**Transaction ID : 420**

Amount of Each Disbursement this Period

4755.34

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

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

6919.30

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

Transaction ID : 421

Amount of Each Disbursement this Period

5897.99

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

Transaction ID : 422

Amount of Each Disbursement this Period

4675.21

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

Transaction ID : 423

Amount of Each Disbursement this Period

6695.71

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

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

17268.91

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

Transaction ID : 424

Amount of Each Disbursement this Period

6655.22

Full Name (Last, First, Middle Initial)

**B. THE BAUTSCH GROUP, LLC**

Mailing Address 2023 NORTH WOODCHASE COURT

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

Transaction ID : 466

Amount of Each Disbursement this Period

18150.00

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2015

Transaction ID : 67

Amount of Each Disbursement this Period

15.00

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

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

24820.22

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2015

Transaction ID : 281

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. ANDREW ABDEL-MALIK**

Mailing Address 1125 MADISON ST, APT 110

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

Transaction ID : 16

Amount of Each Disbursement this Period

1164.70

Full Name (Last, First, Middle Initial)

**C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

Transaction ID : 600

Amount of Each Disbursement this Period

668.56

[MEMO ITEM]

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

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

4664.70

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 100 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

Transaction ID : 601

Amount of Each Disbursement this Period

447.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

Transaction ID : 68

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

Transaction ID : 69

Amount of Each Disbursement this Period

15.00

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

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

30.00



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement TRAVEL / OFFICE SUPPLIES / A/V RENTAL / DECORATIONS / FOOD AND BEVERAGE  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 508

Amount of Each Disbursement this Period

10241.13

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 1200 12TH AVE. SOUTH, STE. 1200

City SEATTLE State WA Zip Code 98144

Purpose of Disbursement OFFICE EQUIPMENT  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 4

Amount of Each Disbursement this Period

801.68

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 1200 12TH AVE. SOUTH, STE. 1200

City SEATTLE State WA Zip Code 98144

Purpose of Disbursement OFFICE SUPPLIES  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 5

Amount of Each Disbursement this Period

50.59

[MEMO ITEM]

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

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

10241.13

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. AMERICAN LEGION POST #26**

Mailing Address 702 W 35TH ST

City DAVENPORT State IA Zip Code 52806

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 8

Amount of Each Disbursement this Period

235.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BIAGGI'S**

Mailing Address 5195 UTICA RIDGE ROAD

City DAVENPORT State IA Zip Code 52807

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 32

Amount of Each Disbursement this Period

1241.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CARMELLIMOPASS.COM**

Mailing Address 2642 BROADWAY

City NEW YORK State NY Zip Code 10025

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 41

Amount of Each Disbursement this Period

75.50

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CASEYS GENERAL STORE**

Mailing Address ONE SE CONVENIENCE BLVD.

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 49

Amount of Each Disbursement this Period

32.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 125

Amount of Each Disbursement this Period

100.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 126

Amount of Each Disbursement this Period

149.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 127

Amount of Each Disbursement this Period

606.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 128

Amount of Each Disbursement this Period

866.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 189

Amount of Each Disbursement this Period

231.52

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)  
**A. HAMPTON INN**

Date of Disbursement  
MM / DD / YYYY  
07 / 17 / 2015

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : 190

Amount of Each Disbursement this Period  
701.45

[MEMO ITEM]

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

Date of Disbursement  
MM / DD / YYYY  
07 / 17 / 2015

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City State Zip Code  
OKLAHOMA OK 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : 201

Amount of Each Disbursement this Period  
526.17

[MEMO ITEM]

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

Date of Disbursement  
MM / DD / YYYY  
07 / 17 / 2015

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : 216

Amount of Each Disbursement this Period  
725.70

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. PARTY CITY**

Mailing Address 5255 ELMORE AVE

City DAVENPORT State IA Zip Code 52807

Purpose of Disbursement  
DECORATIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 334

Amount of Each Disbursement this Period

330.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 352

Amount of Each Disbursement this Period

1139.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 353

Amount of Each Disbursement this Period

1005.80

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 354

Amount of Each Disbursement this Period

1139.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. TARGET**

Mailing Address 1000 NICOLLET MALL.

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 378

Amount of Each Disbursement this Period

165.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. THE GOVERNOR'S INN**

Mailing Address 78 WAKEFIELD ST

City ROCHESTER State NH Zip Code 03867

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 478

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. THE HOME DEPOT**

Mailing Address 2727 PACES FERRY ROAD

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 481

Amount of Each Disbursement this Period

20.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 70

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 71

Amount of Each Disbursement this Period

15.00

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

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

30.00



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
VIDEO PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 285

Amount of Each Disbursement this Period

12128.95

Full Name (Last, First, Middle Initial)

**B. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 323

Amount of Each Disbursement this Period

2275.31

Full Name (Last, First, Middle Initial)

**C. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 327

Amount of Each Disbursement this Period

6748.76

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

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

21153.02

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 384

Amount of Each Disbursement this Period

608.04

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 425

Amount of Each Disbursement this Period

874.00

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 426

Amount of Each Disbursement this Period

6337.59

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

7819.63

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 427

Amount of Each Disbursement this Period

1148.30

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 428

Amount of Each Disbursement this Period

5764.96

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 429

Amount of Each Disbursement this Period

917.80

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

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

7831.06

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 430

Amount of Each Disbursement this Period

6250.00

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 431

Amount of Each Disbursement this Period

5227.47

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : 432

Amount of Each Disbursement this Period

5447.59

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

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

16925.06

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. GO BIG MEDIA**

Mailing Address 718 7TH STREET NW, 2ND FLR

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : 174**

Amount of Each Disbursement this Period

4208.87

Full Name (Last, First, Middle Initial)

**B. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

**Transaction ID : 235**

Amount of Each Disbursement this Period

12200.00

Full Name (Last, First, Middle Initial)

**C. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
TRAVEL / OFFICE SUPPLIES / A/V RENTAL / FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

**Transaction ID : 509**

Amount of Each Disbursement this Period

8462.21

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

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

24871.08

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CASEYS GENERAL STORE**

Mailing Address ONE SE CONVENIENCE BLVD.

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : 50

Amount of Each Disbursement this Period

41.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : 129

Amount of Each Disbursement this Period

497.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DOS RIOS**

Mailing Address 316 COURT AVE

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : 149

Amount of Each Disbursement this Period

231.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. DOUBLETREE**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2015

**Transaction ID : 150**

Amount of Each Disbursement this Period: 228.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2015

**Transaction ID : 191**

Amount of Each Disbursement this Period: 1681.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA State OK Zip Code 73134

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2015

**Transaction ID : 202**

Amount of Each Disbursement this Period: 609.03

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA State OK Zip Code 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : 203

Amount of Each Disbursement this Period

14.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MACHINE SHED**

Mailing Address 1501 RIVER DRIVE

City MOLINE State IL Zip Code 61265

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : 263

Amount of Each Disbursement this Period

385.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : 355

Amount of Each Disbursement this Period

1086.05

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : 356

Amount of Each Disbursement this Period

3478.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. TAXI -NY**

Mailing Address LAGUARDIA AIRPORT

City NEW YORK State NY Zip Code 11371

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : 458

Amount of Each Disbursement this Period

52.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. THUNDER BAY GRILLE**

Mailing Address 6511 BRADY ST

City DAVENPORT State IA Zip Code 52806

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : 485

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : 72

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : 73

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
PHOTOGRAPHY / FILM SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : 315

Amount of Each Disbursement this Period

11460.68

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

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

11490.68

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
PHOTOGRAPHY / FILM SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : 316

Amount of Each Disbursement this Period

1633.95

Full Name (Last, First, Middle Initial)

**B. JIM MCLAUGHLIN & ASSOCIATES, INC**

Mailing Address 24 WESTCOTT ST

City OLD TAPPAN State NJ Zip Code 07675

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2015

Transaction ID : 239

Amount of Each Disbursement this Period

31700.00

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2015

Transaction ID : 385

Amount of Each Disbursement this Period

1476.48

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

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

34810.43

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 28 / 2015

**Transaction ID : 386**

Amount of Each Disbursement this Period: 457.44

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 28 / 2015

**Transaction ID : 387**

Amount of Each Disbursement this Period: 535.32

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 28 / 2015

**Transaction ID : 388**

Amount of Each Disbursement this Period: 994.86

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1987.62

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 28 / 2015

Transaction ID : 433

Amount of Each Disbursement this Period: 5866.24

Category/Type

Full Name (Last, First, Middle Initial)

**B. THE E.H. MURRAY GROUP, LLC**

Mailing Address 1214 A INGLESIDE AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 28 / 2015

Transaction ID : 474

Amount of Each Disbursement this Period: 5000.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. FISHER COMMUNITY CENTER**

Mailing Address 709 SOUTH CENTER STREET

City MARSHALLTOWN State IA Zip Code 50158

Purpose of Disbursement VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 29 / 2015

Transaction ID : 171

Amount of Each Disbursement this Period: 200.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 11066.24

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. JOHNSON COUNTY FAIRGROUNDS**

Mailing Address 4261 OAK CREST HILL ROAD SE

City IOWA CITY State IA Zip Code 52246

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2015

**Transaction ID : 245**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. THE CENTER**

Mailing Address 714 SOUTH MAIN STREET

City COUNCIL BLUFFS State IA Zip Code 51503

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2015

**Transaction ID : 471**

Amount of Each Disbursement this Period

680.00

Full Name (Last, First, Middle Initial)

**C. THE CENTER**

Mailing Address 714 SOUTH MAIN STREET

City COUNCIL BLUFFS State IA Zip Code 51503

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2015

**Transaction ID : 472**

Amount of Each Disbursement this Period

200.00

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

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

1080.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. THE PELLA OPERA HOUSE**

Mailing Address 611 FRANKLIN STREET

City PELLA State IA Zip Code 50219

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2015

Transaction ID : 484

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
TRAVEL / OFFICE SUPPLIES / A/V RENTAL / FOOD AND BEVERAGE /  
VENUE RENTAL / UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

Transaction ID : 510

Amount of Each Disbursement this Period

3799.48

Full Name (Last, First, Middle Initial)

**C. 801 CHOP HOUSE**

Mailing Address 801 EAST GRAND AVENUE #200

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

Transaction ID : 2

Amount of Each Disbursement this Period

113.00

[MEMO ITEM]

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

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

4399.48

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CARMELLIMOPASS.COM**

Mailing Address 2642 BROADWAY

City NEW YORK State NY Zip Code 10025

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 03    |   | 2015      |

**Transaction ID : 42**

Amount of Each Disbursement this Period

|       |
|-------|
| 83.00 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 03    |   | 2015      |

**Transaction ID : 130**

Amount of Each Disbursement this Period

|        |
|--------|
| 298.60 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DOUBLETREE**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 03    |   | 2015      |

**Transaction ID : 151**

Amount of Each Disbursement this Period

|        |
|--------|
| 239.33 |
|--------|

[MEMO ITEM]

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

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

|      |
|------|
| 0.00 |
|------|

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|  |
|--|



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. EXTRASPACE STORAGE**

Mailing Address 901 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

**Transaction ID : 162**

Amount of Each Disbursement this Period

83.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

**Transaction ID : 192**

Amount of Each Disbursement this Period

222.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

**Transaction ID : 193**

Amount of Each Disbursement this Period

896.39

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA State OK Zip Code 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 03    |   | 2015      |

Transaction ID : 204

Amount of Each Disbursement this Period

|        |
|--------|
| 512.62 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HILTON GARDEN INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 03    |   | 2015      |

Transaction ID : 218

Amount of Each Disbursement this Period

|        |
|--------|
| 198.98 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. KUM & GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 03    |   | 2015      |

Transaction ID : 248

Amount of Each Disbursement this Period

|      |
|------|
| 6.41 |
|------|

[MEMO ITEM]

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

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

|      |
|------|
| 0.00 |
|------|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. KUM & GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 03    |   | 2015      |

Transaction ID : 249

Amount of Each Disbursement this Period

|       |
|-------|
| 50.33 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SIOUX CITY ELKS LODGE 112**

Mailing Address 1001 TRI VIEW AVE

City SIOUX CITY State IA Zip Code 51103

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 03    |   | 2015      |

Transaction ID : 349

Amount of Each Disbursement this Period

|        |
|--------|
| 505.00 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. STORAGE MART**

Mailing Address 215 N STADIUM BLVD #207

City COLUMBIA State MO Zip Code 65203

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 03    |   | 2015      |

Transaction ID : 370

Amount of Each Disbursement this Period

|        |
|--------|
| 123.38 |
|--------|

[MEMO ITEM]

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

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

|      |
|------|
| 0.00 |
|------|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. UPS STORE**

Mailing Address 2200 NW 159TH ST #400

City State Zip Code  
CLIVE IA 50325

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 03    |   | 2015      |

**Transaction ID : 489**

Amount of Each Disbursement this Period

|       |
|-------|
| 13.01 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. VERIZON WIRELESS**

Mailing Address PO BOX 5029

City State Zip Code  
WALLINGFORD CT 06492

Purpose of Disbursement  
PHONE SVC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 03    |   | 2015      |

**Transaction ID : 495**

Amount of Each Disbursement this Period

|        |
|--------|
| 293.05 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City State Zip Code  
ANNAPOLIS MD 21401

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 03    |   | 2015      |

**Transaction ID : 319**

Amount of Each Disbursement this Period

|          |
|----------|
| 25000.00 |
|----------|

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

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

|          |
|----------|
| 25000.00 |
|----------|

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|  |
|--|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
WEB ADS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

Transaction ID : 333

Amount of Each Disbursement this Period

24000.00

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : 74

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : 75

Amount of Each Disbursement this Period

15.00

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

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

24030.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. GRASSROOTS TARGETING**

Mailing Address 707 PRINCE ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EMAIL / MICROTARGETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

**Transaction ID : 182**

Amount of Each Disbursement this Period

19209.46

Full Name (Last, First, Middle Initial)

**B. MADISON MANAGEMENT GROUP**

Mailing Address 3101 HEMLOCK HILLS LANE

City APEX State NC Zip Code 27539

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

**Transaction ID : 264**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

**Transaction ID : 389**

Amount of Each Disbursement this Period

888.78

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

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

25098.24

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : 390

Amount of Each Disbursement this Period

719.22

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : 434

Amount of Each Disbursement this Period

1827.00

Full Name (Last, First, Middle Initial)

**C. THE BAUTSCH GROUP, LLC**

Mailing Address 2023 NORTH WOODCHASE COURT

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : 467

Amount of Each Disbursement this Period

16720.50

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

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

19266.72

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

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

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 05 / 2015

Transaction ID : 76

Amount of Each Disbursement this Period: 15.00

Category/Type

Full Name (Last, First, Middle Initial)  
**B. HOWARD W PHILLIPS & CO**

Mailing Address 2555 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20037

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 05 / 2015

Transaction ID : 234

Amount of Each Disbursement this Period: 15801.49

Category/Type

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

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 06 / 2015

Transaction ID : 77

Amount of Each Disbursement this Period: 15.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15831.49

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



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2015

Transaction ID : 78

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2015

Transaction ID : 116

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2015

Transaction ID : 79

Amount of Each Disbursement this Period

15.00

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

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

530.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code  
MCLEAN VA 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2015

**Transaction ID : 80**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. LAW OFFICES OF HEATHER SIDWELL MORRIS, PA**

Mailing Address P.O. BOX 173207

City State Zip Code  
TAMPA FL 33672

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2015

**Transaction ID : 254**

Amount of Each Disbursement this Period

7989.00

Full Name (Last, First, Middle Initial)

**C. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City State Zip Code  
ARLINGTON VA 22201

Purpose of Disbursement  
TRAVEL / OFFICE SUPPLIES / AV RENTAL / FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2015

**Transaction ID : 511**

Amount of Each Disbursement this Period

4605.34

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

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

12609.34

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CARMELLIMOPASS.COM**

Mailing Address 2642 BROADWAY

City NEW YORK State NY Zip Code 10025

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2015

**Transaction ID : 43**

Amount of Each Disbursement this Period

75.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2015

**Transaction ID : 131**

Amount of Each Disbursement this Period

1063.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DOUBLETREE**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2015

**Transaction ID : 152**

Amount of Each Disbursement this Period

192.33

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 12    |   | 2015      |

Transaction ID : 194

Amount of Each Disbursement this Period

|        |
|--------|
| 279.91 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City State Zip Code  
OKLAHOMA OK 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 12    |   | 2015      |

Transaction ID : 205

Amount of Each Disbursement this Period

|        |
|--------|
| 349.64 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HOMEWOOD SUITES**

Mailing Address 921 EAST 2ND AVENUE

City State Zip Code  
CORALVILLE IA 52241

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 12    |   | 2015      |

Transaction ID : 227

Amount of Each Disbursement this Period

|        |
|--------|
| 208.43 |
|--------|

[MEMO ITEM]

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

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

|      |
|------|
| 0.00 |
|------|

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|  |
|--|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. JOHNSON COUNTY FAIRGROUNDS**

Mailing Address 4261 OAK CREST HILL ROAD SE

City IOWA CITY State IA Zip Code 52246

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2015

Transaction ID : 246

Amount of Each Disbursement this Period

125.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2015

Transaction ID : 357

Amount of Each Disbursement this Period

2108.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. TARGET**

Mailing Address 1000 NICOLLET MALL.

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2015

Transaction ID : 379

Amount of Each Disbursement this Period

32.09

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TAXI -NY**

Mailing Address LAGUARDIA AIRPORT

City NEW YORK State NY Zip Code 11371

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2015

Transaction ID : 459

Amount of Each Disbursement this Period

46.64

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICAN MEDIA & ADVOCACY GROUP**

Mailing Address 815 SLATERS LN

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2015

Transaction ID : 11

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. BMO CONSULTING**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2015

Transaction ID : 34

Amount of Each Disbursement this Period

3630.00

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

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

3880.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2015

Transaction ID : 81

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2015

Transaction ID : 82

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
PHOTOGRAPHY / FILM SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2015

Transaction ID : 317

Amount of Each Disbursement this Period

150.00

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

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

180.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2015

**Transaction ID : 328**

Amount of Each Disbursement this Period

3335.48

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2015

**Transaction ID : 391**

Amount of Each Disbursement this Period

2693.64

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2015

**Transaction ID : 392**

Amount of Each Disbursement this Period

12500.00

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

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

18529.12



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 21 / 2015

**Transaction ID : 435**

Amount of Each Disbursement this Period: 8834.10

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 21 / 2015

**Transaction ID : 436**

Amount of Each Disbursement this Period: 13786.83

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 21 / 2015

**Transaction ID : 437**

Amount of Each Disbursement this Period: 8486.73

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 31107.66

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 21 / 2015

**Transaction ID : 438**

Amount of Each Disbursement this Period: 8434.67

Category/Type

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 21 / 2015

**Transaction ID : 439**

Amount of Each Disbursement this Period: 9290.46

Category/Type

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 10156 PERKINS ROAD, SUITE 217F

City BATON ROUGE State LA Zip Code 70810

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2015

**Transaction ID : 19**

Amount of Each Disbursement this Period: 117.30

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 17842.43

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. MADISON MANAGEMENT GROUP**

Mailing Address 3101 HEMLOCK HILLS LANE

City APEX State NC Zip Code 27539

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 265

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

Transaction ID : 236

Amount of Each Disbursement this Period

12200.00

Full Name (Last, First, Middle Initial)

**C. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
TRAVEL / OFFICE SUPPLIES / A/V RENTAL / FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

Transaction ID : 512

Amount of Each Disbursement this Period

9490.76

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

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

26690.76

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CASEYS GENERAL STORE**

Mailing Address ONE SE CONVENIENCE BLVD.

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 51

Amount of Each Disbursement this Period

9.26

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. COUNTRY INN & SUITES**

Mailing Address 701 CARLSON PARKWAY

City MINNETONKA State MN Zip Code 55305

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 121

Amount of Each Disbursement this Period

138.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 132

Amount of Each Disbursement this Period

324.60

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 26    |   | 2015      |

Transaction ID : 133

Amount of Each Disbursement this Period

|        |
|--------|
| 505.10 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 26    |   | 2015      |

Transaction ID : 134

Amount of Each Disbursement this Period

|        |
|--------|
| 410.00 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 26    |   | 2015      |

Transaction ID : 135

Amount of Each Disbursement this Period

|        |
|--------|
| 597.20 |
|--------|

[MEMO ITEM]

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

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

|      |
|------|
| 0.00 |
|------|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 136

Amount of Each Disbursement this Period

877.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DOUBLETREE**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 153

Amount of Each Disbursement this Period

288.37

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. EXTRASPACE STORAGE**

Mailing Address 901 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 163

Amount of Each Disbursement this Period

83.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. FEDEX OFFICE**

Mailing Address 13155 NOEL ROAD, SUITE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 169

Amount of Each Disbursement this Period

208.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA State OK Zip Code 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 206

Amount of Each Disbursement this Period

805.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HILTON GARDEN INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 219

Amount of Each Disbursement this Period

185.23

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. HILTON GARDEN INN**

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 220

Amount of Each Disbursement this Period

190.78

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HILTON GARDEN INN**

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 221

Amount of Each Disbursement this Period

14.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HOLIDAY INN EXPRESS-FT DODGE IA**

Mailing Address 300 S 31ST ST

City State Zip Code  
FORT DODGE IA 50501

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 226

Amount of Each Disbursement this Period

152.31

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. HOMEWOOD SUITES**

Mailing Address 921 EAST 2ND AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 228

Amount of Each Disbursement this Period

194.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. KUM & GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 250

Amount of Each Disbursement this Period

39.73

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : 358

Amount of Each Disbursement this Period

1616.77

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 26    |   | 2015      |

Transaction ID : 359

Amount of Each Disbursement this Period

|         |
|---------|
| 1246.55 |
|---------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 26    |   | 2015      |

Transaction ID : 360

Amount of Each Disbursement this Period

|         |
|---------|
| 1246.55 |
|---------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. THE HOME DEPOT**

Mailing Address 2727 PACES FERRY ROAD

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 26    |   | 2015      |

Transaction ID : 482

Amount of Each Disbursement this Period

|       |
|-------|
| 34.07 |
|-------|

[MEMO ITEM]

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

|      |
|------|
| 0.00 |
|------|

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

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|  |
|--|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. VERIZON WIRELESS**

Mailing Address PO BOX 5029

City WALLINGFORD State CT Zip Code 06492

Purpose of Disbursement  
PHONE SVC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

**Transaction ID : 496**

Amount of Each Disbursement this Period

154.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

**Transaction ID : 83**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

**Transaction ID : 440**

Amount of Each Disbursement this Period

8430.51

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

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

8445.51

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : 441

Amount of Each Disbursement this Period

7736.39

Full Name (Last, First, Middle Initial)

**B. THE BAUTSCH GROUP, LLC**

Mailing Address 2023 NORTH WOODCHASE COURT

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : 468

Amount of Each Disbursement this Period

2687.50

Full Name (Last, First, Middle Initial)

**C. THE E.H. MURRAY GROUP, LLC**

Mailing Address 1214 A INGLESIDE AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : 475

Amount of Each Disbursement this Period

21290.00

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

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

31713.89

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. BMO CONSULTING**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2015

Transaction ID : 35

Amount of Each Disbursement this Period

2212.50

Full Name (Last, First, Middle Initial)

**B. GRASSROOTS TARGETING**

Mailing Address 707 PRINCE ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EMAIL / MICROTARGETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : 183

Amount of Each Disbursement this Period

20940.59

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

Transaction ID : 84

Amount of Each Disbursement this Period

15.00

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

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

23168.09

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
TRAVEL / OFFICE SUPPLIES / A/V RENTAL / FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : 513**

Amount of Each Disbursement this Period

2153.16

Full Name (Last, First, Middle Initial)

**B. DOUBLETREE**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : 155**

Amount of Each Disbursement this Period

216.52

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA State OK Zip Code 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : 208**

Amount of Each Disbursement this Period

294.01

**[MEMO ITEM]**

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

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

2153.16

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. HOMEWOOD SUITES**

Mailing Address 921 EAST 2ND AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

Transaction ID : 229

Amount of Each Disbursement this Period

431.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

Transaction ID : 362

Amount of Each Disbursement this Period

1139.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

Transaction ID : 85

Amount of Each Disbursement this Period

15.00

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

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

15.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code  
MCLEAN VA 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : 86**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. LAW OFFICES OF HEATHER SIDWELL MORRIS, PA**

Mailing Address P.O. BOX 173207

City State Zip Code  
TAMPA FL 33672

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : 255**

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

**C. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City State Zip Code  
ANNAPOLIS MD 21401

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : 320**

Amount of Each Disbursement this Period

25000.00

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

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

32515.00



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : 329**

Amount of Each Disbursement this Period

415.10

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : 393**

Amount of Each Disbursement this Period

5340.48

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : 394**

Amount of Each Disbursement this Period

720.90

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

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

6476.48

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)  
**A. JILL E NEUNABER**

Date of Disbursement: MM / DD / YYYY  
09 / 09 / 2015

Mailing Address: 2200 12TH COURT NORTH  
APARTMENT 714

City: ARLINGTON State: VA Zip Code: 22201

Purpose of Disbursement: TRAVEL / OFFICE SUPPLIES / A/V RENTAL / FOOD AND BEVERAGE

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : 514

Amount of Each Disbursement this Period: 9547.96

Full Name (Last, First, Middle Initial)  
**B. CARMELLIMOPASS.COM**

Date of Disbursement: MM / DD / YYYY  
09 / 04 / 2015

Mailing Address: 2642 BROADWAY

City: NEW YORK State: NY Zip Code: 10025

Purpose of Disbursement: TRAVEL

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : 44

Amount of Each Disbursement this Period: 58.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. CASEYS GENERAL STORE**

Date of Disbursement: MM / DD / YYYY  
09 / 04 / 2015

Mailing Address: ONE SE CONVENIENCE BLVD.

City: ANKENY State: IA Zip Code: 50021

Purpose of Disbursement: TRAVEL

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : 52

Amount of Each Disbursement this Period: 111.67

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9547.96

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2015

Transaction ID : 137

Amount of Each Disbursement this Period

2029.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DOUBLETREE**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2015

Transaction ID : 154

Amount of Each Disbursement this Period

219.23

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2015

Transaction ID : 195

Amount of Each Disbursement this Period

1313.23

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2015

**Transaction ID : 196**

Amount of Each Disbursement this Period

147.73

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City State Zip Code  
OKLAHOMA OK 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2015

**Transaction ID : 207**

Amount of Each Disbursement this Period

542.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. RIVER MUSEUM & AQUARIUM**

Mailing Address 350 E 3RD ST

City State Zip Code  
DUBUQUE IA 52001

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2015

**Transaction ID : 341**

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. SHELDON PIZZA RANCH**

Mailing Address 104 NORTH RUNGER AVE

City SHELTON State IA Zip Code 51201

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

Transaction ID : 345

Amount of Each Disbursement this Period

1079.85

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

Transaction ID : 361

Amount of Each Disbursement this Period

3198.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. STORAGE MART**

Mailing Address 215 N STADIUM BLVD #207

City COLUMBIA State MO Zip Code 65203

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

Transaction ID : 368

Amount of Each Disbursement this Period

123.38

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TAXI -NY**

Date of Disbursement: MM / DD / YYYY  
09 / 04 / 2015

Mailing Address LAGUARDIA AIRPORT

City NEW YORK State NY Zip Code 11371

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : 460

Amount of Each Disbursement this Period: 45.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. THE HOME DEPOT**

Date of Disbursement: MM / DD / YYYY  
09 / 04 / 2015

Mailing Address 2727 PACES FERRY ROAD

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : 483

Amount of Each Disbursement this Period: 83.01

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UPS STORE**

Date of Disbursement: MM / DD / YYYY  
09 / 04 / 2015

Mailing Address 2200 NW 159TH ST #400

City CLIVE State IA Zip Code 50325

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : 491

Amount of Each Disbursement this Period: 60.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code  
MCLEAN VA 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

Transaction ID : 87

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD, STE 400

City State Zip Code  
TYSONS CORNER VA 22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

Transaction ID : 117

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. CELEBRATION FARM, LLC**

Mailing Address 4696 ROBIN WOODS LN NE

City State Zip Code  
IOWA CITY IA 52240

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

Transaction ID : 59

Amount of Each Disbursement this Period

400.00

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

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

915.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. JIM MCLAUGHLIN & ASSOCIATES, INC**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 11    |   | 2015      |

Mailing Address 24 WESTCOTT ST

**Transaction ID : 240**

City State Zip Code  
OLD TAPPAN NJ 07675

Amount of Each Disbursement this Period

|         |
|---------|
| 6000.00 |
|---------|

Purpose of Disbursement  
SURVEY RESEARCH

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 14    |   | 2015      |

Mailing Address 1445-A LAUGHLIN AVE

**Transaction ID : 88**

City State Zip Code  
MCLEAN VA 22101

Amount of Each Disbursement this Period

|       |
|-------|
| 15.00 |
|-------|

Purpose of Disbursement  
BANK FEE

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2015      |

Mailing Address 1445-A LAUGHLIN AVE

**Transaction ID : 89**

City State Zip Code  
MCLEAN VA 22101

Amount of Each Disbursement this Period

|       |
|-------|
| 15.00 |
|-------|

Purpose of Disbursement  
BANK FEE

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

|         |
|---------|
| 6030.00 |
|---------|

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

|  |
|--|
|  |
|--|



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code  
MCLEAN VA 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2015

Transaction ID : 90

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 10156 PERKINS ROAD, SUITE 217F

City State Zip Code  
BATON ROUGE LA 70810

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2015

Transaction ID : 20

Amount of Each Disbursement this Period

195.30

Full Name (Last, First, Middle Initial)

**C. WAUKEE PARKS AND RECREATION**

Mailing Address 805 UNIVERSITY AVE

City State Zip Code  
WAUKEE IA 50263

Purpose of Disbursement  
VOID CHECK

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2016

Transaction ID : 650

Amount of Each Disbursement this Period

-150.00

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

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

60.30

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. AMERICAN MEDIA & ADVOCACY GROUP**

Mailing Address 815 SLATERS LN

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 12**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 91**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. JIM MCLAUGHLIN & ASSOCIATES, INC**

Mailing Address 24 WESTCOTT ST

City OLD TAPPAN State NJ Zip Code 07675

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 241**

Amount of Each Disbursement this Period

22281.00

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

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

22546.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. LAW OFFICES OF HEATHER SIDWELL MORRIS, PA**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 21    |   | 2015      |

Mailing Address P.O. BOX 173207

**Transaction ID : 256**

City State Zip Code  
TAMPA FL 33672

Amount of Each Disbursement this Period

|         |
|---------|
| 8976.85 |
|---------|

Purpose of Disbursement  
LEGAL CONSULTING

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 21    |   | 2015      |

Mailing Address 106 S COLUMBUS ST

**Transaction ID : 395**

City State Zip Code  
ALEXANDRIA VA 22314

Amount of Each Disbursement this Period

|        |
|--------|
| 572.82 |
|--------|

Purpose of Disbursement  
PHONE CALLS

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 21    |   | 2015      |

Mailing Address 106 S COLUMBUS ST

**Transaction ID : 396**

City State Zip Code  
ALEXANDRIA VA 22314

Amount of Each Disbursement this Period

|        |
|--------|
| 979.62 |
|--------|

Purpose of Disbursement  
PHONE CALLS

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

|          |
|----------|
| 10529.29 |
|----------|

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

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|--|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 397**

Amount of Each Disbursement this Period

823.80

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 442**

Amount of Each Disbursement this Period

877.75

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 443**

Amount of Each Disbursement this Period

8421.66

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

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

10123.21

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

Transaction ID : 444

Amount of Each Disbursement this Period

8135.07

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : 92

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. THE E.H. MURRAY GROUP, LLC**

Mailing Address 1214 A INGLESIDE AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : 476

Amount of Each Disbursement this Period

5000.00

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

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

13150.07

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. SIOUX CITY ART CENTER**

Mailing Address 225 NEBRASKA STREET

City SIOUX CITY State IA Zip Code 51101

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2015

**Transaction ID : 348**

Amount of Each Disbursement this Period

1180.00

Full Name (Last, First, Middle Initial)

**B. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : 237**

Amount of Each Disbursement this Period

12200.00

Full Name (Last, First, Middle Initial)

**C. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
TRAVEL / OFFICE SUPPLIES / AV RENTAL / FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : 515**

Amount of Each Disbursement this Period

10128.91

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

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

23508.91

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)  
**A. BRIDGE VIEW CENTER**

Mailing Address 102 CHURCH ST

City OTTUMWA State IA Zip Code 52501

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 39

Amount of Each Disbursement this Period  
3467.26

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. CASEYS GENERAL STORE**

Mailing Address ONE SE CONVENIENCE BLVD.

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 53

Amount of Each Disbursement this Period  
29.34

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. CASEYS GENERAL STORE**

Mailing Address ONE SE CONVENIENCE BLVD.

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 54

Amount of Each Disbursement this Period  
27.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 138

Amount of Each Disbursement this Period

188.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 139

Amount of Each Disbursement this Period

207.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 140

Amount of Each Disbursement this Period

462.10

[MEMO ITEM]

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. DOUBLETREE**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 156

Amount of Each Disbursement this Period

324.89

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DOUBLETREE**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 157

Amount of Each Disbursement this Period

247.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. EXTRASPACE STORAGE**

Mailing Address 901 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 164

Amount of Each Disbursement this Period

83.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA State OK Zip Code 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 209**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HILTON GARDEN INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 222**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HILTON GARDEN INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 223**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)  
**A. KUM & GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 251

Amount of Each Disbursement this Period: 33.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. SHORE EVENTS CENTER**

Mailing Address 700 16TH ST NE, STE L100

City CEDAR RAPIDS State IA Zip Code 52402

Purpose of Disbursement VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 346

Amount of Each Disbursement this Period: 500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 363

Amount of Each Disbursement this Period: 1316.37

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TAXI -NY**

Mailing Address LAGUARDIA AIRPORT

City NEW YORK State NY Zip Code 11371

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : 461

Amount of Each Disbursement this Period

52.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. VERIZON WIRELESS**

Mailing Address PO BOX 5029

City WALLINGFORD State CT Zip Code 06492

Purpose of Disbursement  
PHONE SVC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : 497

Amount of Each Disbursement this Period

731.19

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. VFW POST 788**

Mailing Address 3240 SOUTHGATE PL. SW

City CEDAR RAPIDS State IA Zip Code 52404

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : 502

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : 93**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : 94**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : 398**

Amount of Each Disbursement this Period

681.96

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

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

711.96

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 399

Amount of Each Disbursement this Period

701.88

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 445

Amount of Each Disbursement this Period

7766.58

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : 446

Amount of Each Disbursement this Period

7215.23

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

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

15683.69

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code  
MCLEAN VA 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

**Transaction ID : 95**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. JIM MCLAUGHLIN & ASSOCIATES, INC**

Mailing Address 24 WESTCOTT ST

City State Zip Code  
OLD TAPPAN NJ 07675

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : 242**

Amount of Each Disbursement this Period

1383.17

Full Name (Last, First, Middle Initial)

**C. THE BAUTSCH GROUP, LLC**

Mailing Address 2023 NORTH WOODCHASE COURT

City State Zip Code  
BATON ROUGE LA 70808

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : 469**

Amount of Each Disbursement this Period

3029.60

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

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

4427.77

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : 96

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MASON CITY VFW POST 733**

Mailing Address 1603 S MONROE AVE

City MASON CITY State IA Zip Code 50401

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : 268

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

Transaction ID : 97

Amount of Each Disbursement this Period

20.00

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

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

340.00



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code  
MCLEAN VA 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

**Transaction ID : 98**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. GRASSROOTS TARGETING**

Mailing Address 707 PRINCE ST

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

**Transaction ID : 185**

Amount of Each Disbursement this Period

20776.64

Full Name (Last, First, Middle Initial)

**C. MADISON MANAGEMENT GROUP**

Mailing Address 3101 HEMLOCK HILLS LANE

City State Zip Code  
APEX NC 27539

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

**Transaction ID : 266**

Amount of Each Disbursement this Period

5000.00

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

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

25796.64

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

**Transaction ID : 330**

Amount of Each Disbursement this Period

1358.37

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

**Transaction ID : 400**

Amount of Each Disbursement this Period

6250.00

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

**Transaction ID : 401**

Amount of Each Disbursement this Period

6750.00

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

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

14358.37

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

**Transaction ID : 402**

Amount of Each Disbursement this Period

1011.78

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

**Transaction ID : 403**

Amount of Each Disbursement this Period

676.56

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

**Transaction ID : 404**

Amount of Each Disbursement this Period

604.62

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

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

2292.96

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

Transaction ID : 447

Amount of Each Disbursement this Period

8068.07

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

Transaction ID : 448

Amount of Each Disbursement this Period

7952.66

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

Transaction ID : 449

Amount of Each Disbursement this Period

8221.83

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

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

24242.56

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

**Transaction ID : 450**

Amount of Each Disbursement this Period

8845.78

Full Name (Last, First, Middle Initial)

**B. BMO CONSULTING**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

**Transaction ID : 36**

Amount of Each Disbursement this Period

4087.50

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2015

**Transaction ID : 118**

Amount of Each Disbursement this Period

500.00

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

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

13433.28

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. DAVENPORT ELKS LODGE #298**

Mailing Address 440 W CENTRAL PARK

City DAVENPORT State IA Zip Code 52804

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. TAI R LIEU**

Mailing Address 680 NE HORIZON DRIVE, #102

City WAUKEE State IA Zip Code 50263

Purpose of Disbursement  
MANAGEMENT CONSULTING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
TRAVEL / OFFICE SUPPLIES / AV RENTAL / FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2015

Transaction ID : 122

Amount of Each Disbursement this Period

200.00

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : 375

Amount of Each Disbursement this Period

2200.00

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : 516

Amount of Each Disbursement this Period

8529.75

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

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

10929.75

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. AMVETS**

Mailing Address 1934 IRVING ST

City CEDAR FALLS State IA Zip Code 50613

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2015

Transaction ID : 15

Amount of Each Disbursement this Period

525.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CARMELLIMOPASS.COM**

Mailing Address 2642 BROADWAY

City NEW YORK State NY Zip Code 10025

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2015

Transaction ID : 45

Amount of Each Disbursement this Period

85.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2015

Transaction ID : 141

Amount of Each Disbursement this Period

980.70

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. DOUBLETREE**

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2015 |   |   |   |

**Transaction ID : 158**

Amount of Each Disbursement this Period

|        |
|--------|
| 927.79 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2015 |   |   |   |

**Transaction ID : 197**

Amount of Each Disbursement this Period

|        |
|--------|
| 190.14 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City State Zip Code  
OKLAHOMA OK 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2015 |   |   |   |

**Transaction ID : 210**

Amount of Each Disbursement this Period

|        |
|--------|
| 538.93 |
|--------|

[MEMO ITEM]

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

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

|      |
|------|
| 0.00 |
|------|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA State OK Zip Code 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2015 |   |   |   |

Transaction ID : 211

Amount of Each Disbursement this Period

|       |
|-------|
| 30.00 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HILTON GARDEN INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2015 |   |   |   |

Transaction ID : 224

Amount of Each Disbursement this Period

|        |
|--------|
| 164.54 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HILTON GARDEN INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2015 |   |   |   |

Transaction ID : 225

Amount of Each Disbursement this Period

|        |
|--------|
| 189.28 |
|--------|

[MEMO ITEM]

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

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

|      |
|------|
| 0.00 |
|------|

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|--|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. HOMEWOOD SUITES**

Mailing Address 921 EAST 2ND AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2015

Transaction ID : 230

Amount of Each Disbursement this Period

369.46

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2015

Transaction ID : 364

Amount of Each Disbursement this Period

3571.54

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. STORAGE MART**

Mailing Address 215 N STADIUM BLVD #207

City COLUMBIA State MO Zip Code 65203

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2015

Transaction ID : 371

Amount of Each Disbursement this Period

123.38

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TAXI -NY**

Mailing Address LAGUARDIA AIRPORT

City NEW YORK State NY Zip Code 11371

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 08 / 2015

Transaction ID : 462

Amount of Each Disbursement this Period: 48.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2015

Transaction ID : 99

Amount of Each Disbursement this Period: 20.00

Full Name (Last, First, Middle Initial)

**C. JIM MCLAUGHLIN & ASSOCIATES, INC**

Mailing Address 24 WESTCOTT ST

City OLD TAPPAN State NJ Zip Code 07675

Purpose of Disbursement SURVEY RESEARCH

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2015

Transaction ID : 243

Amount of Each Disbursement this Period: 36300.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 36320.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. LAW OFFICES OF HEATHER SIDWELL MORRIS, PA**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 13    |   | 2015      |

Mailing Address P.O. BOX 173207

**Transaction ID : 257**

City State Zip Code  
TAMPA FL 33672

Amount of Each Disbursement this Period

|         |
|---------|
| 7500.00 |
|---------|

Purpose of Disbursement  
LEGAL CONSULTING

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. ONMESSAGE INC.**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 13    |   | 2015      |

Mailing Address 705 MELVIN AVE. #105

**Transaction ID : 326**

City State Zip Code  
ANNAPOLIS MD 21401

Amount of Each Disbursement this Period

|         |
|---------|
| 1344.95 |
|---------|

Purpose of Disbursement  
SURVEY RESEARCH

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 13    |   | 2015      |

Mailing Address 106 S COLUMBUS ST

**Transaction ID : 405**

City State Zip Code  
ALEXANDRIA VA 22314

Amount of Each Disbursement this Period

|         |
|---------|
| 6250.00 |
|---------|

Purpose of Disbursement  
PHONE CALLS

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

|          |
|----------|
| 15094.95 |
|----------|

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

|  |
|--|
|  |
|--|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : 406

Amount of Each Disbursement this Period

1206.30

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : 407

Amount of Each Disbursement this Period

1146.50

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : 408

Amount of Each Disbursement this Period

1739.16

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

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

4091.96

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

**Transaction ID : 409**

Amount of Each Disbursement this Period

549.42

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

**Transaction ID : 410**

Amount of Each Disbursement this Period

606.90

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

**Transaction ID : 451**

Amount of Each Disbursement this Period

6921.68

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

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

8078.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : 452

Amount of Each Disbursement this Period

7596.87

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

Transaction ID : 100

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. SIMPSON COLLEGE**

Mailing Address 701 NORTH C ST

City INDIANOLA State IA Zip Code 50125

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

Transaction ID : 347

Amount of Each Disbursement this Period

500.00

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

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

8116.87

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : 101

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2015

Transaction ID : 102

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. AMERICAN MEDIA & ADVOCACY GROUP**

Mailing Address 815 SLATERS LN

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : 13

Amount of Each Disbursement this Period

250.00

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

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

290.00



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : 411

Amount of Each Disbursement this Period

2382.90

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : 412

Amount of Each Disbursement this Period

1137.00

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : 453

Amount of Each Disbursement this Period

8506.56

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

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

12026.46

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
TRAVEL / OFFICE SUPPLIES / A/V RENTAL / FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 23    |   | 2015      |

Transaction ID : 517

Amount of Each Disbursement this Period

|          |
|----------|
| 13352.64 |
|----------|

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 1200 12TH AVE. SOUTH, STE. 1200

City SEATTLE State WA Zip Code 98144

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 19    |   | 2015      |

Transaction ID : 6

Amount of Each Disbursement this Period

|        |
|--------|
| 496.71 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CASEYS GENERAL STORE**

Mailing Address ONE SE CONVENIENCE BLVD.

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 19    |   | 2015      |

Transaction ID : 55

Amount of Each Disbursement this Period

|       |
|-------|
| 25.60 |
|-------|

[MEMO ITEM]

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

|          |
|----------|
| 13352.64 |
|----------|

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

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|  |
|--|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. DECORAH PIZZA RANCH**

Mailing Address 212 COLLEGE DR

City DECORAH State IA Zip Code 52101

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : 123

Amount of Each Disbursement this Period

825.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : 142

Amount of Each Disbursement this Period

462.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DES MOINES RENTAL EQUIPMENT**

Mailing Address 4711 UNIVERSITY AVE

City DES MOINES State IA Zip Code 50311

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : 146

Amount of Each Disbursement this Period

502.40

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. DOUBLETREE**

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 19 |   |   | 2015 |   |   |   |

Transaction ID : 159

Amount of Each Disbursement this Period

|        |
|--------|
| 266.52 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FEDEX OFFICE**

Mailing Address 13155 NOEL ROAD, SUITE 1600

City State Zip Code  
DALLAS TX 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 19 |   |   | 2015 |   |   |   |

Transaction ID : 167

Amount of Each Disbursement this Period

|       |
|-------|
| 12.53 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. FEDEX OFFICE**

Mailing Address 13155 NOEL ROAD, SUITE 1600

City State Zip Code  
DALLAS TX 75240

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 19 |   |   | 2015 |   |   |   |

Transaction ID : 170

Amount of Each Disbursement this Period

|       |
|-------|
| 77.91 |
|-------|

[MEMO ITEM]

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

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

|      |
|------|
| 0.00 |
|------|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : 198

Amount of Each Disbursement this Period

190.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA State OK Zip Code 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : 212

Amount of Each Disbursement this Period

511.04

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HILTON**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : 217

Amount of Each Disbursement this Period

317.43

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. HOMEWOOD SUITES**

Mailing Address 921 EAST 2ND AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 19 |   |   | 2015 |   |   |   |

Transaction ID : 231

Amount of Each Disbursement this Period

|         |
|---------|
| 1029.63 |
|---------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. KUM & GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 19 |   |   | 2015 |   |   |   |

Transaction ID : 252

Amount of Each Disbursement this Period

|       |
|-------|
| 79.19 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MASON CITY VFW POST 733**

Mailing Address 1603 S MONROE AVE

City MASON CITY State IA Zip Code 50401

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 19 |   |   | 2015 |   |   |   |

Transaction ID : 267

Amount of Each Disbursement this Period

|        |
|--------|
| 144.25 |
|--------|

[MEMO ITEM]

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

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

|      |
|------|
| 0.00 |
|------|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. MID AMERICA CENTER**

Mailing Address 1 ARENA WAY

City State Zip Code  
COUNCIL BLUFFS IA 51501

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : 272

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PARTY CITY**

Mailing Address 5255 ELMORE AVE

City State Zip Code  
DAVENPORT IA 52807

Purpose of Disbursement  
DECORATIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : 335

Amount of Each Disbursement this Period

21.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. PASTA BELLA RESTAURANT**

Mailing Address 1303 FEDERAL AVE

City State Zip Code  
MASON CITY IA 50401

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : 336

Amount of Each Disbursement this Period

1300.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 19 |   |   | 2015 |   |   |   |

**Transaction ID : 365**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 5 | 9 | 4 | 1 | . | 7 | 6 |
|---|---|---|---|---|---|---|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. TARGET**

Mailing Address 1000 NICOLLET MALL.

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 19 |   |   | 2015 |   |   |   |

**Transaction ID : 380**

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 4 | 9 | . | 7 | 7 |
|---|---|---|---|---|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. TAXI -NY**

Mailing Address LAGUARDIA AIRPORT

City NEW YORK State NY Zip Code 11371

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 19 |   |   | 2015 |   |   |   |

**Transaction ID : 463**

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 6 | 8 | . | 0 | 4 |
|---|---|---|---|---|

[MEMO ITEM]

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

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

|   |   |   |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

|   |   |   |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. VERIZON WIRELESS**

Mailing Address PO BOX 5029

City WALLINGFORD State CT Zip Code 06492

Purpose of Disbursement  
PHONE SVC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

**Transaction ID : 498**

Amount of Each Disbursement this Period

81.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

**Transaction ID : 103**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

**Transaction ID : 413**

Amount of Each Disbursement this Period

1542.78

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

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

1562.78

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : 414

Amount of Each Disbursement this Period

533.82

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING / POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : 454

Amount of Each Disbursement this Period

6921.97

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2015

Transaction ID : 104

Amount of Each Disbursement this Period

20.00

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

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

7475.79

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)  
**A. ANDREW ABDEL-MALIK**

Mailing Address 1125 MADISON ST, APT 110

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement TRAVEL / VENUE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 29 / 2015

Transaction ID : 17

Amount of Each Disbursement this Period: 1188.32

Category/Type

Full Name (Last, First, Middle Initial)  
**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City FORTH WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 29 / 2015

Transaction ID : 603

Amount of Each Disbursement this Period: 327.70

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 29 / 2015

Transaction ID : 602

Amount of Each Disbursement this Period: 430.96

Category/Type

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1188.32

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. SIMPSON COLLEGE**

Mailing Address 701 NORTH C ST

City INDIANOLA State IA Zip Code 50125

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 29 |   |   | 2015 |   |   |   |

Transaction ID : 604

Amount of Each Disbursement this Period

|        |
|--------|
| 204.00 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JIM MCLAUGHLIN & ASSOCIATES, INC**

Mailing Address 24 WESTCOTT ST

City OLD TAPPAN State NJ Zip Code 07675

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 29 |   |   | 2015 |   |   |   |

Transaction ID : 244

Amount of Each Disbursement this Period

|          |
|----------|
| 21000.00 |
|----------|

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 29 |   |   | 2015 |   |   |   |

Transaction ID : 415

Amount of Each Disbursement this Period

|         |
|---------|
| 1579.26 |
|---------|

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

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

|          |
|----------|
| 22579.26 |
|----------|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2015

Transaction ID : 416

Amount of Each Disbursement this Period: 544.86

Category/Type

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PRINTING / POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2015

Transaction ID : 455

Amount of Each Disbursement this Period: 6940.11

Category/Type

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2015

Transaction ID : 105

Amount of Each Disbursement this Period: 20.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7504.97

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. JILL E NEUNABER**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 06    |   | 2015      |

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

**Transaction ID : 238**

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

|          |
|----------|
| 12200.00 |
|----------|

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. JILL E NEUNABER**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 06    |   | 2015      |

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

**Transaction ID : 518**

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

|         |
|---------|
| 1484.02 |
|---------|

Purpose of Disbursement  
TRAVEL / OFFICE SUPPLIES / A/V RENTAL / FOOD AND BEVERAGE

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 29    |   | 2015      |

Mailing Address P.O. BOX 20706

**Transaction ID : 143**

City ATLANTA State GA Zip Code 30320

Amount of Each Disbursement this Period

|        |
|--------|
| 148.00 |
|--------|

Purpose of Disbursement  
TRAVEL

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**[MEMO ITEM]**

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

|          |
|----------|
| 13684.02 |
|----------|

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. EXTRASPACE STORAGE**

Mailing Address 901 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2015

Transaction ID : 165

Amount of Each Disbursement this Period

83.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2015

Transaction ID : 366

Amount of Each Disbursement this Period

1186.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2015

Transaction ID : 106

Amount of Each Disbursement this Period

20.00

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

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

20.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2015

**Transaction ID : 107**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2015

**Transaction ID : 119**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. BMO CONSULTING**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

**Transaction ID : 37**

Amount of Each Disbursement this Period

2787.50

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

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

3307.50



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. GRASSROOTS TARGETING**

Mailing Address 707 PRINCE ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2015

**Transaction ID : 186**

Amount of Each Disbursement this Period: 1923.61

Category/Type

Full Name (Last, First, Middle Initial)

**B. LAW OFFICES OF HEATHER SIDWELL MORRIS, PA**

Mailing Address P.O. BOX 173207

City TAMPA State FL Zip Code 33672

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2015

**Transaction ID : 258**

Amount of Each Disbursement this Period: 7500.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2015

**Transaction ID : 331**

Amount of Each Disbursement this Period: 3565.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 12988.61

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. THE E.H. MURRAY GROUP, LLC**

Mailing Address 1214 A INGLESIDE AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

**Transaction ID : 477**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2015

**Transaction ID : 108**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
TRAVEL / OFFICE SUPPLIES / AV RENTAL / FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2015

**Transaction ID : 519**

Amount of Each Disbursement this Period

10228.41

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

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

15248.41

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CASEYS GENERAL STORE**

Mailing Address ONE SE CONVENIENCE BLVD.

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2015

Transaction ID : 56

Amount of Each Disbursement this Period

72.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2015

Transaction ID : 144

Amount of Each Disbursement this Period

946.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DES MOINES RENTAL EQUIPMENT**

Mailing Address 4711 UNIVERSITY AVE

City DES MOINES State IA Zip Code 50311

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2015

Transaction ID : 147

Amount of Each Disbursement this Period

92.22

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. DOUBLETREE**

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2015

Transaction ID : 160

Amount of Each Disbursement this Period

1001.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City State Zip Code  
OKLAHOMA OK 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2015

Transaction ID : 213

Amount of Each Disbursement this Period

560.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HOMEWOOD SUITES**

Mailing Address 921 EAST 2ND AVENUE

City State Zip Code  
CORALVILLE IA 52241

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2015

Transaction ID : 232

Amount of Each Disbursement this Period

1724.15

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. MID AMERICA CENTER**

Mailing Address 1 ARENA WAY

City State Zip Code  
COUNCIL BLUFFS IA 51501

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 10 |   |   | 2015 |   |   |   |

Transaction ID : 273

Amount of Each Disbursement this Period

|        |
|--------|
| 265.41 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SAINTS PUB + PATIO**

Mailing Address 87 NE CAREFREE LN

City State Zip Code  
WAUKEE IA 50263

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 10 |   |   | 2015 |   |   |   |

Transaction ID : 343

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUND CONCEPTS**

Mailing Address 782 S. AUTOMALL DRIVE, SUITE A

City State Zip Code  
AMERICAN FORK UT 84003

Purpose of Disbursement  
A/V RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 10 |   |   | 2015 |   |   |   |

Transaction ID : 367

Amount of Each Disbursement this Period

|         |
|---------|
| 2376.68 |
|---------|

[MEMO ITEM]

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

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

|      |
|------|
| 0.00 |
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. STORAGE MART**

Mailing Address 215 N STADIUM BLVD #207

City COLUMBIA State MO Zip Code 65203

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 0 |   | 2 | 0 | 1 | 5 |

Transaction ID : 372

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | . | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. TERRACE VIEW EVENT CENTER**

Mailing Address 230 ST ANDREW'S WAY

City SIOUX CITY State IA Zip Code 51250

Purpose of Disbursement  
VENUE RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 0 |   | 2 | 0 | 1 | 5 |

Transaction ID : 465

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | . | 3 | 2 | 7 | . | 9 | 8 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 8 |   | 2 | 0 | 1 | 5 |

Transaction ID : 109

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | . | 2 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | . | 2 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | . | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TAI R LIEU**

Mailing Address 680 NE HORIZON DRIVE, #102

City WAUKEE State IA Zip Code 50263

Purpose of Disbursement  
MANAGEMENT CONSULTING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2015

**Transaction ID : 376**

Amount of Each Disbursement this Period

2200.00

Full Name (Last, First, Middle Initial)

**B. AMERICAN MEDIA & ADVOCACY GROUP**

Mailing Address 815 SLATERS LN

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2015

**Transaction ID : 14**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2015

**Transaction ID : 417**

Amount of Each Disbursement this Period

903.24

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

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

3353.24

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2015

Transaction ID : 418

Amount of Each Disbursement this Period

973.32

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS**

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2015

Transaction ID : 419

Amount of Each Disbursement this Period

455.40

Full Name (Last, First, Middle Initial)

**C. GOP SHOPPE**

Mailing Address 6655 AMBERTON DRIVE  
SUITE I/J

City ELKRIDGE State MD Zip Code 21075

Purpose of Disbursement  
COLLATERAL - T-SHIRTS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

Transaction ID : 180

Amount of Each Disbursement this Period

4171.90

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

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

5600.62



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. GRASSROOTS TARGETING**

Mailing Address 707 PRINCE ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EMAIL / MICROTARGETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

**Transaction ID : 184**

Amount of Each Disbursement this Period

1147.14

Full Name (Last, First, Middle Initial)

**B. THE BAUTSCH GROUP, LLC**

Mailing Address 2023 NORTH WOODCHASE COURT

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

**Transaction ID : 470**

Amount of Each Disbursement this Period

2685.00

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

**Transaction ID : 120**

Amount of Each Disbursement this Period

500.00

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

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

4332.14

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. GRASSROOTS TARGETING**

Mailing Address 707 PRINCE ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : 187**

Amount of Each Disbursement this Period

30000.00

Full Name (Last, First, Middle Initial)

**B. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : 321**

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

**C. JILL E NEUNABER**

Mailing Address 2200 12TH COURT NORTH  
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
TRAVEL / OFFICE SUPPLIES / A/V RENTAL / FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2015

**Transaction ID : 520**

Amount of Each Disbursement this Period

4103.78

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

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

84103.78

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. CARMELLIMOPASS.COM**

Mailing Address 2642 BROADWAY

City NEW YORK State NY Zip Code 10025

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2015

Transaction ID : 46

Amount of Each Disbursement this Period

87.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CARMELLIMOPASS.COM**

Mailing Address 2642 BROADWAY

City NEW YORK State NY Zip Code 10025

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2015

Transaction ID : 47

Amount of Each Disbursement this Period

52.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2015

Transaction ID : 145

Amount of Each Disbursement this Period

637.80

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. EXTRASPACE STORAGE**

Mailing Address 901 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2015

Transaction ID : 166

Amount of Each Disbursement this Period

94.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FEDEX OFFICE**

Mailing Address 13155 NOEL ROAD, SUITE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2015

Transaction ID : 168

Amount of Each Disbursement this Period

67.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2015

Transaction ID : 199

Amount of Each Disbursement this Period

368.94

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA State OK Zip Code 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2015

**Transaction ID : 214**

Amount of Each Disbursement this Period

581.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HERTZ**

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA State OK Zip Code 73134

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2015

**Transaction ID : 215**

Amount of Each Disbursement this Period

304.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HOMEWOOD SUITES**

Mailing Address 921 EAST 2ND AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2015

**Transaction ID : 233**

Amount of Each Disbursement this Period

364.96

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. SAINTS PUB + PATIO**

Mailing Address 87 NE CAREFREE LN

City WAUKEE State IA Zip Code 50263

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2015

Transaction ID : 342

Amount of Each Disbursement this Period

34.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. TAXI -NY**

Mailing Address LAGUARDIA AIRPORT

City NEW YORK State NY Zip Code 11371

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2015

Transaction ID : 464

Amount of Each Disbursement this Period

69.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UPS STORE**

Mailing Address 2200 NW 159TH ST #400

City CLIVE State IA Zip Code 50325

Purpose of Disbursement  
DELIVERY SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2015

Transaction ID : 490

Amount of Each Disbursement this Period

789.13

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. VERIZON WIRELESS**

Mailing Address PO BOX 5029

City WALLINGFORD State CT Zip Code 06492

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2015

Transaction ID : 499

Amount of Each Disbursement this Period: 651.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2015

Transaction ID : 110

Amount of Each Disbursement this Period: 20.00

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2015

Transaction ID : 111

Amount of Each Disbursement this Period: 20.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 40.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BELIEVE AGAIN**

Full Name (Last, First, Middle Initial)

**A. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2015

Transaction ID : 322

Amount of Each Disbursement this Period

17000.00

Full Name (Last, First, Middle Initial)

**B. ONMESSAGE INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2015

Transaction ID : 332

Amount of Each Disbursement this Period

775.64

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

17775.64

1166534.51



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b>  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00571711 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> |   |

|   |             |   |   |  |  |
|---|-------------|---|---|--|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>   |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>07 / 01 / 2015                  |  |  |
| Mailing Address 705 Melvin Ave. #105  |             |   | Amount<br><span style="border: 1px solid black; padding: 2px;">2000.00</span>   |  |  |
| City<br>Annapolis   | State<br>MD | Zip Code<br>21401   | Transaction ID : 277<br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>07 / 02 / 2015 |  |  |
| Purpose of Expenditure<br>Media   |             | Category/Type <span style="border: 1px solid black; padding: 2px;"> </span> | Name of Federal Candidate<br>Bobby Jindal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |  |
| Name of Federal Candidate<br>Bobby Jindal   |             |   | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA                                   |  |  |
| Calendar Year-To-Date Per Election for Office Sought<br><span style="border: 1px solid black; padding: 2px;">463032.00</span> |             |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶                          |  |  |

|   |             |   |   |  |  |
|---|-------------|---|---|--|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>   |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>07 / 01 / 2015                  |  |  |
| Mailing Address 705 Melvin Ave. #105  |             |   | Amount<br><span style="border: 1px solid black; padding: 2px;">9560.38</span>   |  |  |
| City<br>Annapolis   | State<br>MD | Zip Code<br>21401   | Transaction ID : 278<br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>07 / 02 / 2015 |  |  |
| Purpose of Expenditure<br>Media   |             | Category/Type <span style="border: 1px solid black; padding: 2px;"> </span> | Name of Federal Candidate<br>Bobby Jindal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |  |
| Name of Federal Candidate<br>Bobby Jindal   |             |   | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA                                   |  |  |
| Calendar Year-To-Date Per Election for Office Sought<br><span style="border: 1px solid black; padding: 2px;">472592.38</span> |             |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶                          |  |  |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <span style="border: 1px solid black; padding: 2px;">11560.38</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ | <span style="border: 1px solid black; padding: 2px;"> </span>        |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                  | <span style="border: 1px solid black; padding: 2px;"> </span>        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ROBERT YARBOROUGH

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) BELIEVE AGAIN
FEC IDENTIFICATION NUMBER C C00571711

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee OnMessage Inc.
Mailing Address 705 Melvin Ave. #105
City Annapolis State MD Zip Code 21401
Purpose of Expenditure Media
Name of Federal Candidate Bobby Jindal
Calendar Year-To-Date Per Election for Office Sought 481487.32
Date of Public Distribution/Dissemination 07/01/2015
Amount 8894.94
Transaction ID : 279
Date of Disbursement or Obligation 07/02/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee OnMessage Inc.
Mailing Address 705 Melvin Ave. #105
City Annapolis State MD Zip Code 21401
Purpose of Expenditure Media
Name of Federal Candidate Bobby Jindal
Calendar Year-To-Date Per Election for Office Sought 561035.32
Date of Public Distribution/Dissemination 07/13/2015
Amount 79548.00
Transaction ID : 282
Date of Disbursement or Obligation 07/13/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 88442.94
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
ROBERT YARBOROUGH
[Electronically Filed]
Date 01/31/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|   |  |
|---|--|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b>   | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00571711 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> |  |

|  |  |
|--|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>  | Date of Public Distribution/Dissemination<br><span style="float:right">M M M / D D D / Y Y Y Y Y Y</span><br><b>07 / 13 / 2015</b>   |
| Mailing Address <b>705 Melvin Ave. #105</b>  | Amount<br><span style="float:right">206912.00</span>   |
| City <b>Annapolis</b> State <b>MD</b> Zip Code <b>21401</b>  | <b>Transaction ID : 283</b><br>Date of Disbursement or Obligation<br><span style="float:right">M M M / D D D / Y Y Y Y Y Y</span><br><b>07 / 13 / 2015</b>   |
| Purpose of Expenditure<br><b>Media</b> Category/Type <span style="float:right">[ ]</span>                  | Name of Federal Candidate<br><b>Bobby Jindal</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <b>IA</b> |
| Calendar Year-To-Date Per Election for Office Sought <span style="float:right">[ ]</span> <b>767947.32</b> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____<br>2016  |

|  |  |
|--|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>  | Date of Public Distribution/Dissemination<br><span style="float:right">M M M / D D D / Y Y Y Y Y Y</span><br><b>07 / 13 / 2015</b>   |
| Mailing Address <b>705 Melvin Ave. #105</b>  | Amount<br><span style="float:right">27490.00</span>  |
| City <b>Annapolis</b> State <b>MD</b> Zip Code <b>21401</b>  | <b>Transaction ID : 284</b><br>Date of Disbursement or Obligation<br><span style="float:right">M M M / D D D / Y Y Y Y Y Y</span><br><b>07 / 13 / 2015</b>   |
| Purpose of Expenditure<br><b>Media</b> Category/Type <span style="float:right">[ ]</span>                  | Name of Federal Candidate<br><b>Bobby Jindal</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <b>IA</b> |
| Calendar Year-To-Date Per Election for Office Sought <span style="float:right">[ ]</span> <b>795437.32</b> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____<br>2016  |

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <span style="float:right">[ ]</span> <b>234402.00</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <span style="float:right">[ ]</span>                  |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <span style="float:right">[ ]</span>                  |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT YARBOROUGH* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 31 / 2016**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00571711 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> |  |

|  |  |
|--|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>08 / 04 / 2015   |
| Mailing Address 705 Melvin Ave. #105   | Amount<br><span style="border: 1px solid black; padding: 2px;">16471.00</span>   |
| City Annapolis State MD Zip Code 21401   | <b>Transaction ID : 286</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>08 / 06 / 2015   |
| Purpose of Expenditure Media Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>                   | Name of Federal Candidate Bobby Jindal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">811908.32</span> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____   |

|  |  |
|--|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>08 / 04 / 2015   |
| Mailing Address 705 Melvin Ave. #105   | Amount<br><span style="border: 1px solid black; padding: 2px;">400.00</span>   |
| City Annapolis State MD Zip Code 21401   | <b>Transaction ID : 287</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>08 / 06 / 2015   |
| Purpose of Expenditure Media Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>                   | Name of Federal Candidate Bobby Jindal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">812308.32</span> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____   |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <span style="border: 1px solid black; padding: 2px;">16871.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <span style="border: 1px solid black; padding: 2px;"> </span>        |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <span style="border: 1px solid black; padding: 2px;"> </span>        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT YARBOROUGH* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 31 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00571711 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> |  |

|   |  |
|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>08 / 04 / 2015   |
| Mailing Address 705 Melvin Ave. #105  | Amount<br><span style="border: 1px solid black; padding: 2px;">5213.48</span>  |
| City Annapolis State MD Zip Code 21401  | <b>Transaction ID : 288</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>08 / 06 / 2015   |
| Purpose of Expenditure<br>Media   | Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>  |
| Name of Federal Candidate<br>Bobby Jindal   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA |
| Calendar Year-To-Date Per Election for Office Sought<br><span style="border: 1px solid black; padding: 2px;">817521.80</span> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____<br>2016  |

|   |  |
|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>08 / 11 / 2015   |
| Mailing Address 705 Melvin Ave. #105  | Amount<br><span style="border: 1px solid black; padding: 2px;">170746.00</span>  |
| City Annapolis State MD Zip Code 21401  | <b>Transaction ID : 289</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>08 / 10 / 2015   |
| Purpose of Expenditure<br>Media   | Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>  |
| Name of Federal Candidate<br>Bobby Jindal   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA |
| Calendar Year-To-Date Per Election for Office Sought<br><span style="border: 1px solid black; padding: 2px;">988267.80</span> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____<br>2016  |

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <span style="border: 1px solid black; padding: 2px;">175959.48</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <span style="border: 1px solid black; padding: 2px;"> </span>         |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <span style="border: 1px solid black; padding: 2px;"> </span>         |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT YARBOROUGH*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) BELIEVE AGAIN
FEC IDENTIFICATION NUMBER C C00571711
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee OnMessage Inc.
Mailing Address 705 Melvin Ave. #105
City Annapolis State MD Zip Code 21401
Purpose of Expenditure Media
Name of Federal Candidate Bobby Jindal
Calendar Year-To-Date Per Election for Office Sought 989942.80
Date of Public Distribution/Dissemination 08/11/2015
Amount 1675.00
Transaction ID : 290
Date of Disbursement or Obligation 08/10/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee OnMessage Inc.
Mailing Address 705 Melvin Ave. #105
City Annapolis State MD Zip Code 21401
Purpose of Expenditure Media
Name of Federal Candidate Bobby Jindal
Calendar Year-To-Date Per Election for Office Sought 994942.80
Date of Public Distribution/Dissemination 08/14/2015
Amount 5000.00
Transaction ID : 291
Date of Disbursement or Obligation 08/14/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 6675.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature ROBERT YARBOROUGH [Electronically Filed] Date 01/31/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|   |  |
|---|--|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b> | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00571711 |
|---|--|

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

|  |   |   |  |
|--|---|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>                            |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 08 / 2015      |  |
| Mailing Address 705 Melvin Ave. #105                                   |   | Amount<br><span style="border: 1px solid black; padding: 2px;">50686.00</span>  |  |
| City<br>Annapolis  | State<br>MD   | Zip Code<br>21401   | <b>Transaction ID : 292</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 03 / 2015 |
| Purpose of Expenditure<br>Media  | Category/Type <span style="border: 1px solid black; padding: 2px;"> </span> |   |  |
| Name of Federal Candidate<br>Bobby Jindal                              |   | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA                   |
| Calendar Year-To-Date<br>Per Election for Office Sought                |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____ |  |
| <span style="border: 1px solid black; padding: 2px;">1045628.80</span> |   |   |  |

|  |   |   |  |
|--|---|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>                            |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 08 / 2015      |  |
| Mailing Address 705 Melvin Ave. #105                                   |   | Amount<br><span style="border: 1px solid black; padding: 2px;">20000.00</span>  |  |
| City<br>Annapolis  | State<br>MD   | Zip Code<br>21401   | <b>Transaction ID : 293</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 03 / 2015 |
| Purpose of Expenditure<br>Media  | Category/Type <span style="border: 1px solid black; padding: 2px;"> </span> |   |  |
| Name of Federal Candidate<br>Bobby Jindal                              |   | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA                   |
| Calendar Year-To-Date<br>Per Election for Office Sought                |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____ |  |
| <span style="border: 1px solid black; padding: 2px;">1065628.80</span> |   |   |  |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <span style="border: 1px solid black; padding: 2px;">70686.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ | <span style="border: 1px solid black; padding: 2px;"> </span>        |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                  | <span style="border: 1px solid black; padding: 2px;"> </span>        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT YARBOROUGH*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 31 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|   |  |
|---|--|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b> | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00571711 |
|---|--|

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

|  |   |   |  |
|--|---|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>  |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 16 / 2015      |  |
| Mailing Address 705 Melvin Ave. #105   |   | Amount<br><span style="border: 1px solid black; padding: 2px;">20000.00</span>  |  |
| City Annapolis   | State MD  | Zip Code 21401  | <b>Transaction ID : 294</b>  |
| Purpose of Expenditure<br>Media  | Category/Type <span style="border: 1px solid black; padding: 2px;"> </span> | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 14 / 2015             |  |
| Name of Federal Candidate<br>Bobby Jindal  |   | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought<br><span style="border: 1px solid black; padding: 2px;">1085628.80</span> |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶ _____ |  |

|  |   |   |  |
|--|---|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>  |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 16 / 2015      |  |
| Mailing Address 705 Melvin Ave. #105   |   | Amount<br><span style="border: 1px solid black; padding: 2px;">284279.00</span>   |  |
| City Annapolis   | State MD  | Zip Code 21401  | <b>Transaction ID : 295</b>  |
| Purpose of Expenditure<br>Media  | Category/Type <span style="border: 1px solid black; padding: 2px;"> </span> | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 14 / 2015             |  |
| Name of Federal Candidate<br>Bobby Jindal  |   | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought<br><span style="border: 1px solid black; padding: 2px;">1369907.80</span> |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶ _____ |  |

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <span style="border: 1px solid black; padding: 2px;">304279.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <span style="border: 1px solid black; padding: 2px;"> </span>         |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <span style="border: 1px solid black; padding: 2px;"> </span>         |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT YARBOROUGH* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 31 / 2016

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00571711 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |

|   |  |
|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 16 / 2015                         |
| Mailing Address 705 Melvin Ave. #105  | Amount<br><span style="border: 1px solid black; padding: 2px;">11720.00</span>   |
| City Annapolis      State MD      Zip Code 21401  | <b>Transaction ID : 296</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 15 / 2015 |
| Purpose of Expenditure<br>Media      Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>            | Name of Federal Candidate Bobby Jindal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Name of Federal Candidate Bobby Jindal  | Office Sought: <input type="checkbox"/> House      District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: IA         |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1381627.80</span> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶ _____                    |

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|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 16 / 2015                         |
| Mailing Address 705 Melvin Ave. #105  | Amount<br><span style="border: 1px solid black; padding: 2px;">18570.89</span>   |
| City Annapolis      State MD      Zip Code 21401  | <b>Transaction ID : 297</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 15 / 2015 |
| Purpose of Expenditure<br>Media      Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>            | Name of Federal Candidate Bobby Jindal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Name of Federal Candidate Bobby Jindal  | Office Sought: <input type="checkbox"/> House      District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: IA         |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1400198.69</span> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶ _____                    |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <span style="border: 1px solid black; padding: 2px;">30290.89</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <span style="border: 1px solid black; padding: 2px;"> </span>        |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <span style="border: 1px solid black; padding: 2px;"> </span>        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT YARBOROUGH*      *[Electronically Filed]*      Date M M / D D / Y Y Y Y Y Y  
01 / 31 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|   |  |
|---|--|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b>   | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00571711 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> |  |

|   |  |
|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="float:right">M M M / D D D / Y Y Y Y Y Y</span><br>09 / 18 / 2015  |
| Mailing Address 705 Melvin Ave. #105  | Amount<br><span style="float:right">6962.50</span>   |
| City Annapolis State MD Zip Code 21401  | <b>Transaction ID : 298</b><br>Date of Disbursement or Obligation<br><span style="float:right">M M M / D D D / Y Y Y Y Y Y</span><br>09 / 18 / 2015  |
| Purpose of Expenditure<br>Media   | Category/Type  |
| Name of Federal Candidate<br>Bobby Jindal   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought<br><span style="float:right">1407161.19</span> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶  |

|   |  |
|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="float:right">M M M / D D D / Y Y Y Y Y Y</span><br>09 / 18 / 2015  |
| Mailing Address 705 Melvin Ave. #105  | Amount<br><span style="float:right">1150.00</span>   |
| City Annapolis State MD Zip Code 21401  | <b>Transaction ID : 299</b><br>Date of Disbursement or Obligation<br><span style="float:right">M M M / D D D / Y Y Y Y Y Y</span><br>09 / 18 / 2015  |
| Purpose of Expenditure<br>Media   | Category/Type  |
| Name of Federal Candidate<br>Bobby Jindal   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought<br><span style="float:right">1408311.19</span> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶  |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <span style="float:right">8112.50</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |  |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   |  |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT YARBOROUGH*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00571711 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |   |
|---|---|
| Full Name of Payee<br><b>OnMessage Inc.</b>                               | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>09 / 19 / 2015</b>  |
| Mailing Address <b>705 Melvin Ave. #105</b>                               | Amount<br><b>50048.00</b>   |
| City <b>Annapolis</b> State <b>MD</b> Zip Code <b>21401</b>               | <b>Transaction ID : 300</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>09 / 18 / 2015</b>  |
| Purpose of Expenditure<br><b>Media</b> Category/Type                      | Name of Federal Candidate<br><b>Bobby Jindal</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>1458359.19</b> | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b> |
|   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                          |

|   |   |
|---|---|
| Full Name of Payee<br><b>OnMessage Inc.</b>                               | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>09 / 22 / 2015</b>  |
| Mailing Address <b>705 Melvin Ave. #105</b>                               | Amount<br><b>273123.00</b>  |
| City <b>Annapolis</b> State <b>MD</b> Zip Code <b>21401</b>               | <b>Transaction ID : 301</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>09 / 21 / 2015</b>  |
| Purpose of Expenditure<br><b>Media</b> Category/Type                      | Name of Federal Candidate<br><b>Bobby Jindal</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>1731482.19</b> | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b> |
|   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                          |

|  |                  |
|--|------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>323171.00</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |                  |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   |                  |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT YARBOROUGH*

Signature \_\_\_\_\_ [Electronically Filed]    Date **01 / 31 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00571711 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |

|   |  |
|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 22 / 2015   |
| Mailing Address 705 Melvin Ave. #105  | Amount<br><span style="border: 1px solid black; padding: 2px;">19524.00</span>   |
| City Annapolis State MD Zip Code 21401  | <b>Transaction ID : 302</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 22 / 2015   |
| Purpose of Expenditure Media Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>                    | Name of Federal Candidate Bobby Jindal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1751006.19</span> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶ _____  |

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|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 29 / 2015   |
| Mailing Address 705 Melvin Ave. #105  | Amount<br><span style="border: 1px solid black; padding: 2px;">303477.00</span>  |
| City Annapolis State MD Zip Code 21401  | <b>Transaction ID : 303</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 25 / 2015   |
| Purpose of Expenditure Media Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>                    | Name of Federal Candidate Bobby Jindal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2054483.19</span> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶ _____  |

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <span style="border: 1px solid black; padding: 2px;">323001.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <span style="border: 1px solid black; padding: 2px;"> </span>         |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <span style="border: 1px solid black; padding: 2px;"> </span>         |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT YARBOROUGH* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 31 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00571711 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> |  |

|   |  |
|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 29 / 2015   |
| Mailing Address 705 Melvin Ave. #105  | Amount<br><span style="border: 1px solid black; padding: 2px;">20036.00</span>   |
| City Annapolis State MD Zip Code 21401  | <b>Transaction ID : 304</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 28 / 2015   |
| Purpose of Expenditure Media Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>                    | Name of Federal Candidate Bobby Jindal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2074519.19</span> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶ _____  |

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|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 06 / 2015   |
| Mailing Address 705 Melvin Ave. #105  | Amount<br><span style="border: 1px solid black; padding: 2px;">51558.00</span>   |
| City Annapolis State MD Zip Code 21401  | <b>Transaction ID : 305</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 02 / 2015   |
| Purpose of Expenditure Media Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>                    | Name of Federal Candidate Bobby Jindal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2126077.19</span> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶ _____  |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <span style="border: 1px solid black; padding: 2px;">71594.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <span style="border: 1px solid black; padding: 2px;"> </span>        |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <span style="border: 1px solid black; padding: 2px;"> </span>        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT YARBOROUGH* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 31 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00571711 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> |  |

|   |  |
|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>10 / 13 / 2015   |
| Mailing Address 705 Melvin Ave. #105  | Amount<br><span style="border: 1px solid black; padding: 2px;">137282.00</span>  |
| City Annapolis State MD Zip Code 21401  | <b>Transaction ID : 306</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>10 / 14 / 2015   |
| Purpose of Expenditure Media Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>                    | Name of Federal Candidate Bobby Jindal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2263359.19</span> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____  |

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|---|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>10 / 15 / 2015   |
| Mailing Address 705 Melvin Ave. #105  | Amount<br><span style="border: 1px solid black; padding: 2px;">10835.00</span>   |
| City Annapolis State MD Zip Code 21401  | <b>Transaction ID : 307</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>10 / 15 / 2015   |
| Purpose of Expenditure Media Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>                    | Name of Federal Candidate Bobby Jindal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2274194.19</span> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____  |

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <span style="border: 1px solid black; padding: 2px;">148117.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ | <span style="border: 1px solid black; padding: 2px;"> </span>         |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                  | <span style="border: 1px solid black; padding: 2px;"> </span>         |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT YARBOROUGH* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |   |
|--|--|---|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b>  |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> C00571711       </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |   |

|  |               |  |  |
|--|---------------|--|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>          |               | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 15 / 2015  |  |
| Mailing Address<br>705 Melvin Ave. #105              |               | Amount<br>3068.07  |  |
| City<br>Annapolis                                    | State<br>MD   | Zip Code<br>21401  | <b>Transaction ID : 308</b>  |
| Purpose of Expenditure<br>Media                      | Category/Type | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>10 / 16 / 2015         |  |
| Name of Federal Candidate<br>Bobby Jindal            |               | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA |
| Calendar Year-To-Date Per Election for Office Sought |               | 2277262.26   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____        |

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|--|---------------|--|--|
| Full Name of Payee<br><b>OnMessage Inc.</b>          |               | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 15 / 2015  |  |
| Mailing Address<br>705 Melvin Ave. #105              |               | Amount<br>1050.00  |  |
| City<br>Annapolis                                    | State<br>MD   | Zip Code<br>21401  | <b>Transaction ID : 309</b>  |
| Purpose of Expenditure<br>Media                      | Category/Type | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>10 / 16 / 2015         |  |
| Name of Federal Candidate<br>Bobby Jindal            |               | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IA |
| Calendar Year-To-Date Per Election for Office Sought |               | 2278312.26   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____        |

|  |         |
|--|---------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 4118.07 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |         |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   |         |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

\_\_\_\_\_  
 Signature

ROBERT YARBOROUGH  
 [Electronically Filed]

Date MM / DD / YYYY  
 01 / 31 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00571711 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> |  |

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|---|---|
| Full Name of Payee<br><b>OnMessage Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>10 / 20 / 2015  |
| Mailing Address 705 Melvin Ave. #105  | Amount<br><span style="border: 1px solid black; padding: 2px;">140334.00</span>   |
| City Annapolis      State MD      Zip Code 21401  | <b>Transaction ID : 310</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>10 / 16 / 2015  |
| Purpose of Expenditure<br>Media      Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>            | Name of Federal Candidate Bobby Jindal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose      Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      District: _____      State: IA |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2418646.26</span> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____  |

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|---|---|
| Full Name of Payee<br><b>OnMessage Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>10 / 27 / 2015  |
| Mailing Address 705 Melvin Ave. #105  | Amount<br><span style="border: 1px solid black; padding: 2px;">134410.00</span>   |
| City Annapolis      State MD      Zip Code 21401  | <b>Transaction ID : 311</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>10 / 26 / 2015  |
| Purpose of Expenditure<br>Media      Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>            | Name of Federal Candidate Bobby Jindal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose      Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      District: _____      State: IA |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2553056.26</span> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____  |

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <span style="border: 1px solid black; padding: 2px;">274744.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <span style="border: 1px solid black; padding: 2px;"> </span>         |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <span style="border: 1px solid black; padding: 2px;"> </span>         |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT YARBOROUGH*      *[Electronically Filed]*      Date M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2016

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |   |  |
|--|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00571711 |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | M M M / D D D / Y Y Y Y Y Y                       |  |

|   |               |   |   |
|---|---------------|---|---|
| Full Name of Payee<br><b>OnMessage Inc.</b>             |               | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br><b>11 / 02 / 2015</b> |   |
| Mailing Address<br>705 Melvin Ave. #105                 |               | Amount<br><b>43230.00</b>   |   |
| City<br>Annapolis                                       | State<br>MD   | Zip Code<br>21401   | <b>Transaction ID : 312</b>   |
| Purpose of Expenditure<br>Media                         | Category/Type | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 30 / 2015</b>        |   |
| Name of Federal Candidate<br>Bobby Jindal               |               | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                    | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u> |
| Calendar Year-To-Date<br>Per Election for Office Sought |               | <b>2596286.26</b>   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |

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|---|---------------|---|---|
| Full Name of Payee<br><b>OnMessage Inc.</b>             |               | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br><b>11 / 09 / 2015</b> |   |
| Mailing Address<br>705 Melvin Ave. #105                 |               | Amount<br><b>37945.00</b>   |   |
| City<br>Annapolis                                       | State<br>MD   | Zip Code<br>21401   | <b>Transaction ID : 313</b>   |
| Purpose of Expenditure<br>Media                         | Category/Type | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br><b>11 / 06 / 2015</b>        |   |
| Name of Federal Candidate<br>Bobby Jindal               |               | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                    | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u> |
| Calendar Year-To-Date<br>Per Election for Office Sought |               | <b>2634231.26</b>   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |

|  |                 |
|--|-----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>81175.00</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |                 |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   |                 |

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*ROBERT YARBOROUGH*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 31 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |   |  |
|--|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>BELIEVE AGAIN</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00571711 |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | M M M / D D D / Y Y Y Y Y Y                       |  |

|   |               |  |   |
|---|---------------|--|---|
| Full Name of Payee<br><b>OnMessage Inc.</b>                               |               | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br><b>11 / 17 / 2015</b>  |   |
| Mailing Address<br>705 Melvin Ave. #105                                   |               | Amount<br><b>642.00</b>  |   |
| City<br>Annapolis   | State<br>MD   | Zip Code<br>21401  | <b>Transaction ID : 314</b>   |
| Purpose of Expenditure<br>Media   | Category/Type | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br><b>11 / 17 / 2015</b>   |   |
| Name of Federal Candidate<br>Bobby Jindal                                 |               | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b> |
| Calendar Year-To-Date Per Election for Office Sought<br><b>2634873.26</b> |               | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____ |   |

|  |               |   |  |
|--|---------------|---|--|
| Full Name of Payee                                   |               | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y  |  |
| Mailing Address                                      |               | Amount  |  |
| City   | State         | Zip Code  | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y  |
| Purpose of Expenditure                               | Category/Type | Name of Federal Candidate   |  |
| Name of Federal Candidate                            |               | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought |               | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____ |  |

|  |                   |
|--|-------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>642.00</b>     |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |                   |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <b>2173841.26</b> |

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*ROBERT YARBOROUGH*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 31 / 2016**