

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.   
**Thomas Massie for Congress**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼   
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲  
    
STATE ▼ DISTRICT

### 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin Broghamer

Signature of Treasurer Kevin Broghamer

*[Electronically Filed]*

Date

/  /

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Thomas Massie for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="19441.16"/>	<input type="text" value="243161.4"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="40"/>	<input type="text" value="40"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="19401.16"/>	<input type="text" value="243121.4"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="22678.99"/>	<input type="text" value="247847.15"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0"/>	<input type="text" value="2465.04"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="22678.99"/>	<input type="text" value="245382.11"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="249608.28"/>	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Thomas Massie for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17050	172258
(ii) Unitemized.....	391.16	19253.4
(iii) TOTAL of contributions from individuals ▶	17441.16	191511.4
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	2000	51650
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	19441.16	243161.4
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	53000
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	2465.04
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0	0
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	19441.16	298626.44

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22678.99	247847.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	40	40
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	40	40
21. OTHER DISBURSEMENTS .....	2000	54450
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	24718.99	302337.15

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	254886.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19441.16
25. SUBTOTAL (add Line 23 and Line 24).....	274327.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24718.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	249608.28

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Knock Investments, LLC**

Mailing Address PO Box 710

City Union State KY Zip Code 41091-0710

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : A-CF7594**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2700**

Memo Item  
See attribution

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

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

Mailing Address PO Box 710

City Union State KY Zip Code 41091-0710

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

Name of Employer Occupation  
**Stellar Acquisition Co., LLC** CEO/Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : A-PIP51**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2700**

Memo Item  
See attribution

Partnership Itemization Memo

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

Mailing Address PO Box 710

City Union State KY Zip Code 41091-0710

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : A-CF7627**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2700**

Memo Item  
See attribution

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

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

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

\_\_\_\_\_ **5400.00**

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**P. David Knock**

Mailing Address **PO Box 710**

City **Union** State **KY** Zip Code **41091-0710**

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

Name of Employer **Stellar Acquisition Co., LLC** Occupation **CEO/Manager**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : A-PIP50**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2700**

Memo Item  
 See attribution

Partnership Itemization Memo

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

Mailing Address **PO Box 710**

City **Union** State **KY** Zip Code **41091-0710**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : A-CF7593**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2000**

Memo Item  
 See attribution

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

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

Mailing Address **457 Mustang Drive**

City **Walton** State **KY** Zip Code **41094-9322**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : A-PIP49**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2000**

Memo Item  
 See attribution

Partnership Itemization Memo

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

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

\_\_\_\_\_ **2000.00**

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mary L. Heist**

Mailing Address 810 Saint James Avenue

City Park Hills State KY Zip Code 41011-2710

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

Name of Employer Kremers Market Occupation VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 16 / 2016**

**Transaction ID : A-MCNF142**

Amount of Each Receipt this Period  
**300**

Memo Item  
 Reattribution to spouse

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

Mailing Address 810 Saint James Avenue

City Park Hills State KY Zip Code 41011-2710

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

Name of Employer Kremer's Market Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 16 / 2016**

**Transaction ID : A-MCNF141**

Amount of Each Receipt this Period  
**-300**

Memo Item  
 Reattribution from spouse

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

Mailing Address 810 Saint James Avenue

City Park Hills State KY Zip Code 41011-2710

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

Name of Employer Kremer's Market Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2016**

**Transaction ID : A-RRF7483**

Amount of Each Receipt this Period  
**1000**

Memo Item  
 Reattribution/Redesignation requested  
 As originally reported -- see reattribution/redesignation memos.

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

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

**0.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Conway G. Ivy**

Mailing Address **PO Box 1408**

City **Beaufort** State **SC** Zip Code **29901-1408**

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

Name of Employer **Self-Employed** Occupation **Investor**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 24 / 2016**

**Transaction ID : A-CF7638**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2700**

Memo Item  
 Reattribution/Redesignation requested  
 Earmarked through Freedomworks Inc PAC.

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

Mailing Address **400 N Capitol Street NW  
Suite 765**

City **Washington** State **DC** Zip Code **20001-1564**

FEC ID number of contributing federal political committee. **C C00353227**

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4385**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 24 / 2016**

**Transaction ID : A-CF7638.e**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **4385**

Memo Item  
 Reattribution/Redesignation requested  
 Earmarked-Original Details. Total Earmarked via this conduit: \$4,385.00. PAC limit not affected.

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

Mailing Address **PO Box 1408**

City **Beaufort** State **SC** Zip Code **29901-1408**

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

Name of Employer **Self-Employed** Occupation **Investor**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 24 / 2016**

**Transaction ID : A-MCNF139**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **-2660**

Memo Item  
 Redesignation from primary

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

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

\_\_\_\_\_ **2700.00**

\_\_\_\_\_



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Conway G. Ivy**

Mailing Address **PO Box 1408**

City **Beaufort** State **SC** Zip Code **29901-1408**

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

Name of Employer **Self-Employed** Occupation **Investor**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 24 / 2016**

**Transaction ID : A-MCNF140**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2660**

Memo Item  
 Redesignation to general

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

Mailing Address **PO Box 710**

City **Union** State **KY** Zip Code **41091-0710**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : A-CF7596**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **3400**

Memo Item  
 Reattribution/Redesignation requested

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

Mailing Address **PO Box 710**

City **Union** State **KY** Zip Code **41091-0710**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : A-MCNF137**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **-2700**

Memo Item  
 Redesignation from primary

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

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

\_\_\_\_\_ **3400.00**

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jo Ann Knock**

Mailing Address **PO Box 710**

City **Union** State **KY** Zip Code **41091-0710**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : A-MCNF138**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2700**

Memo Item  
 Redesignation to general

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

Mailing Address **PO Box 710**

City **Union** State **KY** Zip Code **41091-0710**

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

Name of Employer **Knock Industries** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : A-CF7595**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **3400**

Memo Item  
 Reattribution/Redesignation requested

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

Mailing Address **PO Box 710**

City **Union** State **KY** Zip Code **41091-0710**

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

Name of Employer **Knock Industries** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : A-MCNF135**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **-2700**

Memo Item  
 Redesignation from primary

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

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

\_\_\_\_\_ **3400.00**

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Knock**

Mailing Address **PO Box 710**

City **Union** State **KY** Zip Code **41091-0710**

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

Name of Employer **Knock Industries** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : A-MCNF136**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2700**

Memo Item  
Redesignation to general

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

Mailing Address **1605 Lexington Avenue**

City **Flatwoods** State **KY** Zip Code **41139-1255**

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

Name of Employer **Ashland Independent Schools** Occupation **RN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 09 / 2016**

**Transaction ID : A-CF7619**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **150**

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

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

Memo Item

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

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

\_\_\_\_\_ **150.00**

\_\_\_\_\_ **17050.00**

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 12 OF 23		
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CSX Corporation Good Government Fund**

Mailing Address 1331 Pennsylvania Avenue NW  
Suite 560

City Washington State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 24 / 2016

**Transaction ID : A-CF7637**

Amount of Each Receipt this Period  
2000

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

2000.00

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<input type="checkbox"/> Memo Item <b>Transaction ID : B-E-7641</b>

Full Name (Last, First, Middle Initial) <b>B. Boyd County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 2500 W Rockhouse Road		Amount of Each Disbursement this Period 400
City Ashland State KY Zip Code 41102-9463	Purpose of Disbursement Event Tickets Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<input type="checkbox"/> Memo Item <b>Transaction ID : B-E-7630</b>

Full Name (Last, First, Middle Initial) <b>c. Broghamer Consulting LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 2014.52
City Newport State KY Zip Code 41071-2006	Purpose of Disbursement Compliance Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<input type="checkbox"/> Memo Item <b>Transaction ID : B-E-7568</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3064.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 18 / 2016</b>	
Mailing Address <b>300 1st Street SE</b>			Amount of Each Disbursement this Period <b>361.77</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003-1801</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Food/Beverage</b>		Candidate Name	Transaction ID : <b>B-E-7643</b>	
Category/Type <b>001</b>				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>B. Chase Bank</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2016</b>	
Mailing Address <b>11 S Grand Avenue</b>			Amount of Each Disbursement this Period <b>50</b>	
City <b>Fort Thomas</b>	State <b>KY</b>	Zip Code <b>41075-1721</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Bank Fee</b>		Candidate Name	Transaction ID : <b>B-E-7533</b>	
Category/Type <b>001</b>				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>c. Chase Bank</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 12 / 2016</b>	
Mailing Address <b>11 S Grand Avenue</b>			Amount of Each Disbursement this Period <b>25</b>	
City <b>Fort Thomas</b>	State <b>KY</b>	Zip Code <b>41075-1721</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Bank Fee</b>		Candidate Name	Transaction ID : <b>B-E-7606</b>	
Category/Type <b>001</b>				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>436.77</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Churchill Downs Incorporated</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016	
Mailing Address 700 Central Avenue			Amount of Each Disbursement this Period 14041	
City Louisville	State KY	Zip Code 40208-1212	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Event Tickets		Category/ Type 001	<b>Transaction ID : B-E-7592</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016	
Mailing Address 13155 Noel Road Suite 1600			Amount of Each Disbursement this Period 34.5	
City Dallas	State TX	Zip Code 75240-5032	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Shipping/Delivery		Category/ Type 001	<b>Transaction ID : B-E-7589</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016	
Mailing Address 13155 Noel Road Suite 1600			Amount of Each Disbursement this Period 33.9	
City Dallas	State TX	Zip Code 75240-5032	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Shipping/Delivery		Category/ Type 001	<b>Transaction ID : B-E-7600</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14109.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2016
Mailing Address 13155 Noel Road Suite 1600		Amount of Each Disbursement this Period 33.9
City Dallas	State TX	
Zip Code 75240-5032	Purpose of Disbursement Shipping/Delivery	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-7607</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GOGOAIR.COM</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2016
Mailing Address 1250 N Arlington Heights Road Suite 50		Amount of Each Disbursement this Period 2.5
City Itasca	State IL	
Zip Code 60143-1286	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-7601</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GOGOAIR.COM</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2016
Mailing Address 1250 N Arlington Heights Road Suite 50		Amount of Each Disbursement this Period 2.5
City Itasca	State IL	
Zip Code 60143-1286	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-7602</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	38.90
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. GOGOAIR.COM</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2016
Mailing Address 1250 N Arlington Heights Road Suite 50		Amount of Each Disbursement this Period 3.95
City Itasca State IL Zip Code 60143-1286	Purpose of Disbursement Travel Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> <b>Transaction ID : B-E-7608</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. GOGOAIR.COM</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2016
Mailing Address 1250 N Arlington Heights Road Suite 50		Amount of Each Disbursement this Period 3.95
City Itasca State IL Zip Code 60143-1286	Purpose of Disbursement Travel Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> <b>Transaction ID : B-E-7646</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. GOGOAIR.COM</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2016
Mailing Address 1250 N Arlington Heights Road Suite 50		Amount of Each Disbursement this Period 3.95
City Itasca State IL Zip Code 60143-1286	Purpose of Disbursement Travel Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> <b>Transaction ID : B-E-7656</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Grant County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address PO Box 567		Amount of Each Disbursement this Period 125 <input type="checkbox"/> Memo Item
City Crittenden	State KY	
Zip Code 41030-0567	Purpose of Disbursement Event Tickets	Transaction ID : B-E-7634
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Henry County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address PO Box 83		Amount of Each Disbursement this Period 400 <input type="checkbox"/> Memo Item
City Campbellburg	State KY	
Zip Code 40011-0083	Purpose of Disbursement Event Tickets	Transaction ID : B-E-7632
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kenton County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 2030 Edenderry Drive		Amount of Each Disbursement this Period 550 <input type="checkbox"/> Memo Item
City Ft Mitchell	State KY	
Zip Code 41017-4461	Purpose of Disbursement Event Tickets	Transaction ID : B-E-7631
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1075.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 23		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Miyako</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 2511 Ritchie Street		Amount of Each Disbursement this Period 269.34
City Crescent Springs	State KY	
Zip Code 41017-1609	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : B-E-7586</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Miyako</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 2511 Ritchie Street		Amount of Each Disbursement this Period 57.83
City Crescent Springs	State KY	
Zip Code 41017-1609	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : B-E-7605</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Miyako</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 2511 Ritchie Street		Amount of Each Disbursement this Period 110.37
City Crescent Springs	State KY	
Zip Code 41017-1609	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : B-E-7653</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	437.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Republican Party of Kentucky</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 23 / 2016</b>
Mailing Address <b>PO Box 1068</b>		Amount of Each Disbursement this Period <b>140</b> <input type="checkbox"/> Memo Item <b>Transaction ID : B-E-7635</b>
City <b>Frankfort</b>	State <b>KY</b>	
Zip Code <b>40602-1068</b>	Purpose of Disbursement <b>Registration Fee</b>	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 27 / 2016</b>
Mailing Address <b>140 2nd Street</b>		Amount of Each Disbursement this Period <b>7.61</b> <input type="checkbox"/> Memo Item <b>Transaction ID : B-E-7650</b>
City <b>San Francisco</b>	State <b>CA</b>	
Zip Code <b>94105-3727</b>	Purpose of Disbursement <b>Credit Card Merchant Fee</b>	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 27 / 2016</b>
Mailing Address <b>140 2nd Street</b>		Amount of Each Disbursement this Period <b>1.75</b> <input type="checkbox"/> Memo Item <b>Transaction ID : B-E-7651</b>
City <b>San Francisco</b>	State <b>CA</b>	
Zip Code <b>94105-3727</b>	Purpose of Disbursement <b>Credit Card Merchant Fee</b>	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>149.36</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jennifer N. Krantz</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016
Mailing Address 2400 Shanmoor Avenue		Amount of Each Disbursement this Period 2000 <input type="checkbox"/> Memo Item
City Cincinnati	State OH Zip Code 45212-3939	
Purpose of Disbursement Political Strategy Consulting	Category/Type 001	<b>Transaction ID : B-E-7567</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jennifer N. Krantz</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 2400 Shanmoor Avenue		Amount of Each Disbursement this Period -2000 <input type="checkbox"/> Memo Item
City Cincinnati	State OH Zip Code 45212-3939	
Purpose of Disbursement Void: Political Strategy Consulting	Category/Type	<b>Transaction ID : B-E-7590</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Jennifer N. Krantz</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 2400 Shanmoor Avenue		Amount of Each Disbursement this Period 2000 <input type="checkbox"/> Memo Item
City Cincinnati	State OH Zip Code 45212-3939	
Purpose of Disbursement Political Strategy Consulting	Category/Type 001	<b>Transaction ID : B-E-7591</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	21323.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 23			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Conway G. Ivy</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2016
Mailing Address PO Box 1408		Amount of Each Disbursement this Period 40 <input type="checkbox"/> Memo Item
City Beaufort	State SC	
Zip Code 29901-1408	Purpose of Disbursement Contribution Refund	Transaction ID : B-E-7639
Candidate Name	Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State	
Zip Code	Purpose of Disbursement	Transaction ID : B-E-7639
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State	
Zip Code	Purpose of Disbursement	Transaction ID : B-E-7639
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	40.00
<b>TOTAL</b> This Period (last page this line number only).....	40.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jim Banks for Congress, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address PO Box 11431		Amount of Each Disbursement this Period 2000 <input type="checkbox"/> Memo Item
City Fort Wayne	State IN	
Zip Code 46858-1431	Purpose of Disbursement Political Contribution	Transaction ID : B-E-7626
Candidate Name <b>James E. Banks</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 03	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State	
Zip Code	Purpose of Disbursement	Transaction ID : B-E-7626
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State	
Zip Code	Purpose of Disbursement	Transaction ID : B-E-7626
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2000.00