

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

LINDSEY GRAHAM 2016

ADDRESS (number and street)

PO BOX 2732

Check if different than previously reported. (ACC)

COLUMBIA

CITY

SC

STATE

29202

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00578757

3. THIS REPORT IS FOR Primary

or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1)
- October 15 (Q3)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

Thirtieth day report following the General Election

on MM / DD / YYYY

Twelfth day report preceding election

on MM / DD / YYYY in the State of

Is this Report an Amendment?

yes

no

5. Covering Period

MM / DD / YYYY 04 / 01 / 2015

through

MM / DD / YYYY 06 / 30 / 2015

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

Type or Print Name of Treasurer

THAD H WESTBROOK

Signature of Treasurer

THAD H WESTBROOK

[Electronically Filed]

Date

MM / DD / YYYY 07 / 15 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of this form are obsolete and should no longer be used.

Office Use Only

Write or Type Committee Name

LINDSEY GRAHAM 2016

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

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	<input type="text" value="0.00"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="3709552.93"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="3709552.93"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	<input type="text" value="1126733.82"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="2582819.11"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
13. EXPENDITURES SUBJECT TO LIMITATION	<input type="text" value="0.00"/>

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	<input type="text" value="2173151.15"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="1115333.82"/>

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

LINDSEY GRAHAM 2016

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2015

To:

MM / DD / YYYY
06 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	1998041.03	1998041.03
(ii) unitemized	149710.12	149710.12
(iii) Total contributions	2147751.15	2147751.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	36800.00	36800.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	2184551.15	2184551.15
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	1525000.00	1525000.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0.00	0.00
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	0.00
21. OTHER RECEIPTS (Dividends, Interest, etc.)	1.78	1.78
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	3709552.93	3709552.93

DETAILED SUMMARY PAGE
of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

LINDSEY GRAHAM 2016

Report Covering the Period: From:

M M / D D / Y Y Y Y
04 / 01 / 2015

To:

M M / D D / Y Y Y Y
06 / 30 / 2015

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
23. OPERATING EXPENDITURES.....	1115333.82	1115333.82
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	11400.00	11400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	11400.00	11400.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	1126733.82	1126733.82

III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC FORM 3P,
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00578757

LINDSEY GRAHAM 2016

ADDRESS (number and street)

PO BOX 2732

COLUMBIA

CITY

SC

STATE

29202

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MS. MARYANN C. ABBOTT

Mailing Address 807 ALTAMONT RD

City State Zip Code
GREENVILLE SC 29609-6503

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.67979

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

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

Mailing Address 20 LOWELL LN

City State Zip Code
BROOKLINE MA 02445-5947

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

Name of Employer Occupation
ABRAMS CAPITAL MANAGEMENT, LLC MONEY MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.796

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. EDDIE ABRAMS

Mailing Address 200 N. MAIN ST.

City State Zip Code
JOANNA SC 29351-1030

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

Name of Employer Occupation
GILDER & WEEKS PHARMACY PHARMACIST/OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68874

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. GREG D. ABRAMS

Mailing Address 11615 TERRYHILL PLACE

City State Zip Code
LOS ANGELES CA 90049-4401

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68904

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address 200 CENTRAL PARK S. APT. 31A

City State Zip Code
NEW YORK NY 10019-1448

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

Name of Employer Occupation
MGN CAPITAL ANALYST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1835

Date of Receipt
MM / DD / YYYY
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

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

Mailing Address 200 CENTRAL PARK S. APT. 31A

City State Zip Code
NEW YORK NY 10019-1448

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

Name of Employer Occupation
MGN CAPITAL ANALYST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69660

Date of Receipt
MM / DD / YYYY
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

REFUNDED \$500.00 ON 05/19/2015

Subtotal Of Receipts This Page (optional).....▶ 4200.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. CHARLES E. ADAIR

Mailing Address **81 PIN OAK RD.**

City	State	Zip Code
CLINTON	SC	29325-4992

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

Name of Employer	Occupation
SELF-EMPLOYED	EQUIPMENT SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68831

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

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

Mailing Address **19808 BETHPAGE COURT**

City	State	Zip Code
ASHBURN	VA	20147-5212

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

Name of Employer	Occupation
SELF-EMPLOYED	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.67635

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

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

Mailing Address **19808 BETHPAGE COURT**

City	State	Zip Code
ASHBURN	VA	20147-5212

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

Name of Employer	Occupation
SELF-EMPLOYED	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68146

Date of Receipt

M M / D D / Y Y Y Y
06 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **750.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KAREN ADAMO

Mailing Address 19808 BETHPAGE COURT

City State Zip Code
ASHBURN VA 20147-5212

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69226

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
C. DAN ADAMS

Mailing Address 84 VILLA RD

City State Zip Code
GREENVILLE SC 29615-3052

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

Name of Employer Occupation
THE CAPITOL CORPORATION INVESTMENT BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.687

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR. RAYMOND G. ADAMS

Mailing Address 12 SKYLINE DRIVE

City State Zip Code
BURBANK CA 91501-1130

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69321

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 3600.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
SHELDON ADELSON

Mailing Address **410 S RAMPART BLVD
STE 440**

City **LAS VEGAS** State **NV** Zip Code **89145-5749**

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

Name of Employer **LAS VEGAS SANDS** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1636

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

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

Mailing Address **P.O. BOX 790126**

City **PAIA** State **HI** Zip Code **96779-0126**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.153

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

CONTRIBUTION

Amount of Each Receipt this Period
100.00

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

Mailing Address **P.O. BOX 790126**

City **PAIA** State **HI** Zip Code **96779-0126**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.170

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **2900.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MEILING AKUNA

Mailing Address P.O. BOX 790126

City	State	Zip Code
PAIA	HI	96779-0126

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17.72709

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			20			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

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

Mailing Address P.O. BOX 790126

City	State	Zip Code
PAIA	HI	96779-0126

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17.72732

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			11			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 200.00

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

Mailing Address P.O. BOX 790126

City	State	Zip Code
PAIA	HI	96779-0126

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17.826

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

Subtotal Of Receipts This Page (optional).....▶ _____ 400.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JIM ALBAUGH

Mailing Address 1000 1ST AVE
UNIT 2201

City SEATTLE State WA Zip Code 98104-0902

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1720

Date of Receipt
MM / DD / YYYY
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

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

Mailing Address 520 W. WILLOW STREET

City LONG BEACH State CA Zip Code 90806-2800

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

Name of Employer ALEVY & ASSOCIATES Occupation REAL ESTATE INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71821

Date of Receipt
MM / DD / YYYY
06 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. CHARLES R. ALLEN

Mailing Address 17 ADAMS AVE

City SUMTER State SC Zip Code 29150-4037

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68878

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 4100.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
AIHAM ALSAMMARAE

Mailing Address 117 COVINGTON CT.

City	State	Zip Code
OAK BROOK	IL	60523-2575

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KCI ENGINEERING CONSULTANTS	CONSULTANT ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1424

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 117 COVINGTON CT.

City	State	Zip Code
OAK BROOK	IL	60523-2575

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KCI ENGINEERING CONSULTANTS	CONSULTANT ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1769

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 117 COVINGTON CT.

City	State	Zip Code
OAK BROOK	IL	60523-2575

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KCI ENGINEERING CONSULTANTS	CONSULTANT ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72706

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			14			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ALYSSA ALTSHULER

Mailing Address 7211 BURTONWOOD DRIVE

City State Zip Code
ALEXANDRIA VA 22307-2021

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

Name of Employer Occupation
ROPES & GRAY LLP LAW LIBRARIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71397

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

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

Mailing Address 7211 BURTONWOOD DRIVE

City State Zip Code
ALEXANDRIA VA 22307-2021

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

Name of Employer Occupation
ROPES & GRAY LLP LAW LIBRARIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71403

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

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

Mailing Address 7211 BURTONWOOD DRIVE

City State Zip Code
ALEXANDRIA VA 22307-2021

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

Name of Employer Occupation
ROPES & GRAY LLP LAW LIBRARIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.837

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 250.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JON AMDURSKY

Mailing Address 5200 EAST PALM CIRCLE

City	State	Zip Code
TAMARAC	FL	33319-3149

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	AGRICULTURE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1237

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 5200 EAST PALM CIRCLE

City	State	Zip Code
TAMARAC	FL	33319-3149

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	AGRICULTURE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.143

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 5200 EAST PALM CIRCLE

City	State	Zip Code
TAMARAC	FL	33319-3149

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	AGRICULTURE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.70991

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 21 / 893

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JON AMDURSKY

Mailing Address 5200 EAST PALM CIRCLE

City State Zip Code
TAMARAC FL 33319-3149

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

Name of Employer Occupation
SELF-EMPLOYED AGRICULTURE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
272.00

Transaction ID : SA17.72505

Date of Receipt
MM / DD / YYYY
05 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

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

Mailing Address 5200 EAST PALM CIRCLE

City State Zip Code
TAMARAC FL 33319-3149

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

Name of Employer Occupation
SELF-EMPLOYED AGRICULTURE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
272.00

Transaction ID : SA17.72623

Date of Receipt
MM / DD / YYYY
05 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
72.00

C. Full Name (Last, First, Middle Initial)
MR. FREDERICK M. AMUNDSON

Mailing Address 350 DUBLIN DR.

City State Zip Code
IOWA CITY IA 52246-6013

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68664

Date of Receipt
MM / DD / YYYY
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 347.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ISAAC APPLBAUM

Mailing Address **837 LONGRIDGE RD.**

City	State	Zip Code
OAKLAND	CA	94610-2446

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

Name of Employer	Occupation
OPUS CAPITAL	VENTURE CAPITALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.649

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

B. Full Name (Last, First, Middle Initial)
JAMES W. APPLE JR.

Mailing Address **9406 LAKE DR**

City	State	Zip Code
MYRTLE BEACH	SC	29572-5006

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

Name of Employer	Occupation
BURROUGHS & CHAPIN INC.	PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.703

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			27			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
MRS. EARNEST R. ARCHER

Mailing Address **1919 OAK PARK RD.**

City	State	Zip Code
ROCK HILL	SC	29730-7731

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.69460

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 4200.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MASOUD ASBAGHI

Mailing Address **4856 COACH HILL DR.**

City **GREENVILLE** State **SC** Zip Code **29615-3810**

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

Name of Employer **BMW** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **220.00**

Transaction ID : SA17.70776

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2015			

CONTRIBUTION

Amount of Each Receipt this Period

25.00

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

Mailing Address **4856 COACH HILL DR.**

City **GREENVILLE** State **SC** Zip Code **29615-3810**

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

Name of Employer **BMW** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **220.00**

Transaction ID : SA17.70779

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			20			2015			

CONTRIBUTION

Amount of Each Receipt this Period

25.00

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

Mailing Address **4856 COACH HILL DR.**

City **GREENVILLE** State **SC** Zip Code **29615-3810**

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

Name of Employer **BMW** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **220.00**

Transaction ID : SA17.70780

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

25.00

Subtotal Of Receipts This Page (optional).....▶

75.00

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

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DANIEL ASHER

Mailing Address **211 E CHICAGO AVE
STE 1020**

City **CHICAGO** State **IL** Zip Code **60611-2688**

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

Name of Employer **EQUITEC** Occupation **BROKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.313

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

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

Mailing Address **153 BAYBERRY LN**

City **WESTPORT** State **CT** Zip Code **06880-4033**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Transaction ID : SA17.148

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

CONTRIBUTION

Amount of Each Receipt this Period
500.00

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

Mailing Address **153 BAYBERRY LN**

City **WESTPORT** State **CT** Zip Code **06880-4033**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Transaction ID : SA17.281

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional)..... **3250.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

**A. Full Name (Last, First, Middle Initial)
MR. RUSSELL C. ASHMORE JR.**

Mailing Address 18 WOOD CREEK DR.

City State Zip Code
TAYLORS SC 29687-4951

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ASHMORE BROS. INC. HEAVY HIGHWAY CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17.68765

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

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 142 LOMOND LN

City State Zip Code
SPARTANBURG SC 29307-3819

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17.71792

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

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 142 LOMOND LN

City State Zip Code
SPARTANBURG SC 29307-3819

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17.71793

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

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. KEITH AVERY

Mailing Address **60 WOODLAKE DR.**

City	State	Zip Code
NEWBERRY	SC	29108-8282

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

Name of Employer	Occupation
NEWBERRY ELECTRIC COOPERATIVE	PRESIDENT AND CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **700.00**

Transaction ID : SA17.68977

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ **700.00**

B. Full Name (Last, First, Middle Initial)
MR. JOE R. BABB

Mailing Address **P.O. BOX 635**

City	State	Zip Code
GRAY COURT	SC	29645-0635

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

Name of Employer	Occupation
HMA	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **2500.00**

Transaction ID : SA17.1686

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ **100.00**

C. Full Name (Last, First, Middle Initial)
MR. JOE R. BABB

Mailing Address **P.O. BOX 635**

City	State	Zip Code
GRAY COURT	SC	29645-0635

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

Name of Employer	Occupation
HMA	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **2500.00**

Transaction ID : SA17.178

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ **100.00**

Subtotal Of Receipts This Page (optional)..... **900.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JOE R. BABB

Mailing Address P.O. BOX 635

City State Zip Code
GRAY COURT SC 29645-0635

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

Name of Employer Occupation
HMA CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.72666

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. JOE R. BABB

Mailing Address P.O. BOX 635

City State Zip Code
GRAY COURT SC 29645-0635

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

Name of Employer Occupation
HMA CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.72667

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. JOE R. BABB

Mailing Address P.O. BOX 635

City State Zip Code
GRAY COURT SC 29645-0635

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

Name of Employer Occupation
HMA CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.735

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

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 250.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. PATRICIA L. BACON

Mailing Address 2524 DOE RUN LANE

City	State	Zip Code
MEMPHIS	TN	38134-5474

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1015

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="10.00"/>

B. Full Name (Last, First, Middle Initial)
MRS. PATRICIA L. BACON

Mailing Address 2524 DOE RUN LANE

City	State	Zip Code
MEMPHIS	TN	38134-5474

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1645

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial)
MRS. PATRICIA L. BACON

Mailing Address 2524 DOE RUN LANE

City	State	Zip Code
MEMPHIS	TN	38134-5474

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.455

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="25.00"/>

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. PATRICIA L. BACON

Mailing Address 2524 DOE RUN LANE

City State Zip Code
MEMPHIS TN 38134-5474

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Transaction ID : SA17.474

Date of Receipt
MM / DD / YYYY
04 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MRS. PATRICIA L. BACON

Mailing Address 2524 DOE RUN LANE

City State Zip Code
MEMPHIS TN 38134-5474

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Transaction ID : SA17.55

Date of Receipt
MM / DD / YYYY
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
MRS. PATRICIA L. BACON

Mailing Address 2524 DOE RUN LANE

City State Zip Code
MEMPHIS TN 38134-5474

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Transaction ID : SA17.67

Date of Receipt
MM / DD / YYYY
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ 60.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. PATRICIA L. BACON

Mailing Address 2524 DOE RUN LANE

City	State	Zip Code
MEMPHIS	TN	38134-5474

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68412

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="20.00"/>

B. Full Name (Last, First, Middle Initial)
MRS. PATRICIA L. BACON

Mailing Address 2524 DOE RUN LANE

City	State	Zip Code
MEMPHIS	TN	38134-5474

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.70855

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="25.00"/>

C. Full Name (Last, First, Middle Initial)
MRS. PATRICIA L. BACON

Mailing Address 2524 DOE RUN LANE

City	State	Zip Code
MEMPHIS	TN	38134-5474

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72335

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="10.00"/>

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 41 / 893

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
HOWARD D. BARNARD

Mailing Address 119 N OCEAN BLVD

City State Zip Code
SURFSIDE BEACH SC 29575-3746

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HORRY COUNTY COUNCILMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.727

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

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. MURRAY A. BAROODY JR.

Mailing Address P.O. BOX 370

City State Zip Code
ORANGEBURG SC 29116-0370

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ORANGEBURG DISTRIBUTORS WHOLESALER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69289

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

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 28 PINCKNEY LANDING DR

City State Zip Code
SHELDON SC 29941-3051

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1452

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

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. PAUL BASHA JR.

Mailing Address 209 KELLY CT.

City State Zip Code
FORT MILL SC 29715-7064

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

Name of Employer Occupation
YORK ELECTRIC COOPERATIVE EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.68768

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR. RICHARD BASSUK

Mailing Address 45 MAMARONECK RD.

City State Zip Code
SCARSDALE NY 10583-2823

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

Name of Employer Occupation
BASSUK ORGANIZATION REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.145

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. RICHARD BASSUK

Mailing Address 45 MAMARONECK RD.

City State Zip Code
SCARSDALE NY 10583-2823

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

Name of Employer Occupation
BASSUK ORGANIZATION REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67064

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

SEE REATTRIBUTION

Subtotal Of Receipts This Page (optional).....▶ 5700.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ESLYN BASSUK

Mailing Address 45 MAMARONECK RD.

City State Zip Code
SCARSDALE NY 10583-2823

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69701

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
MR. RICHARD BASSUK

Mailing Address 45 MAMARONECK RD.

City State Zip Code
SCARSDALE NY 10583-2823

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

Name of Employer Occupation
BASSUK ORGANIZATION REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67064B

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
MS. MARY JEAN BAXLEY

Mailing Address 1817 LAKE CAROLINA DRIVE

City State Zip Code
COLUMBIA SC 29229-7014

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

Name of Employer Occupation
SELF-EMPLOYED VOLUNTEER/ FREELANCE JOURNALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.1379

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 100.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MS. MARY JEAN BAXLEY

Mailing Address 1817 LAKE CAROLINA DRIVE

City State Zip Code
COLUMBIA SC 29229-7014

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

Name of Employer Occupation
SELF-EMPLOYED VOLUNTEER/ FREELANCE JOURNALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.67288

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS. MARY JEAN BAXLEY

Mailing Address 1817 LAKE CAROLINA DRIVE

City State Zip Code
COLUMBIA SC 29229-7014

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

Name of Employer Occupation
SELF-EMPLOYED VOLUNTEER/ FREELANCE JOURNALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.71151

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS. MARY JEAN BAXLEY

Mailing Address 1817 LAKE CAROLINA DRIVE

City State Zip Code
COLUMBIA SC 29229-7014

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

Name of Employer Occupation
SELF-EMPLOYED VOLUNTEER/ FREELANCE JOURNALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.71483

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 200.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ROBERT L. BEAL

Mailing Address 177 MILK ST

City State Zip Code
BOSTON MA 02109-3404

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

Name of Employer Occupation
RELATED BEAL REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1087

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MS. RILEY P. BECHTEL

Mailing Address 50 BEALE STREET

City State Zip Code
SAN FRANCISCO CA 94105-1813

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

Name of Employer Occupation
BECHTEL CO. CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68816

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. LUTHER BECKER

Mailing Address P.O. BOX 829

City State Zip Code
TAZEWELL VA 24651-0829

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68908

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 4700.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DAN P. BELL

Mailing Address 336 CLEARVIEW DR

City State Zip Code
COLUMBIA SC 29212-8310

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

Name of Employer Occupation
DAN BELL & CO., INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.1899

Date of Receipt
MM / DD / YYYY
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DAN P. BELL

Mailing Address 336 CLEARVIEW DR

City State Zip Code
COLUMBIA SC 29212-8310

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

Name of Employer Occupation
DAN BELL & CO., INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.467

Date of Receipt
MM / DD / YYYY
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
DAN P. BELL

Mailing Address 336 CLEARVIEW DR

City State Zip Code
COLUMBIA SC 29212-8310

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

Name of Employer Occupation
DAN BELL & CO., INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.70704

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ 175.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DAN P. BELL

Mailing Address 336 CLEARVIEW DR

City State Zip Code
COLUMBIA SC 29212-8310

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

Name of Employer Occupation
DAN BELL & CO., INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71153

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR. HARRY S. BELL

Mailing Address 1829 HIGHWAY 23

City State Zip Code
WARD SC 29166-9616

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17.67000

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. HARRY S. BELL

Mailing Address 1829 HIGHWAY 23

City State Zip Code
WARD SC 29166-9616

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17.869

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1300.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RICHARD BELTRAM

Mailing Address **725 BLACK WOLF RUN**

City **SPARTANBURG** State **SC** Zip Code **29306-6666**

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

Name of Employer **B SQUARE ENTERPRISES** Occupation **SELF-EMPLOYED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71879

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address **730 FIFTH AVE
20TH FL**

City **NEW YORK** State **NY** Zip Code **10019-4105**

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

Name of Employer **ACCESS INDUSTRIES** Occupation **GENERAL MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.71921

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

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

Mailing Address **730 5TH AVE FL 20**

City **NEW YORK** State **NY** Zip Code **10019-4105**

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 ▼
5400.00

Transaction ID : SA17.71923

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional)..... **11800.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CATHERINE BENFIELD

Mailing Address **849 ISLAND POINT LANE**

City **CHAPIN** State **SC** Zip Code **29036-7602**

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

Name of Employer **SELF-EMPLOYED** Occupation **PSYCHOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
470.16

Transaction ID : SA17.70598

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period
20.16

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

Mailing Address **849 ISLAND POINT LANE**

City **CHAPIN** State **SC** Zip Code **29036-7602**

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

Name of Employer **SELF-EMPLOYED** Occupation **PSYCHOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
470.16

Transaction ID : SA17.70664

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			13			2015			

CONTRIBUTION

Amount of Each Receipt this Period
25.00

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

Mailing Address **849 ISLAND POINT LANE**

City **CHAPIN** State **SC** Zip Code **29036-7602**

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

Name of Employer **SELF-EMPLOYED** Occupation **PSYCHOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
470.16

Transaction ID : SA17.70666

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			15			2015			

CONTRIBUTION

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ **70.16**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CATHERINE BENFIELD

Mailing Address **849 ISLAND POINT LANE**

City **CHAPIN** State **SC** Zip Code **29036-7602**

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

Name of Employer **SELF-EMPLOYED** Occupation **PSYCHOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **470.16**

Transaction ID : SA17.70667

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			15			2015			

CONTRIBUTION

Amount of Each Receipt this Period

25.00

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

Mailing Address **849 ISLAND POINT LANE**

City **CHAPIN** State **SC** Zip Code **29036-7602**

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

Name of Employer **SELF-EMPLOYED** Occupation **PSYCHOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **470.16**

Transaction ID : SA17.70669

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

25.00

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

Mailing Address **849 ISLAND POINT LANE**

City **CHAPIN** State **SC** Zip Code **29036-7602**

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

Name of Employer **SELF-EMPLOYED** Occupation **PSYCHOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **470.16**

Transaction ID : SA17.70670

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			27			2015			

CONTRIBUTION

Amount of Each Receipt this Period

25.00

Subtotal Of Receipts This Page (optional).....▶

75.00

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

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CATHERINE BENFIELD

Mailing Address 849 ISLAND POINT LANE

City State Zip Code
CHAPIN SC 29036-7602

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
470.16

Transaction ID : SA17.70671

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

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

Mailing Address 849 ISLAND POINT LANE

City State Zip Code
CHAPIN SC 29036-7602

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
470.16

Transaction ID : SA17.71117

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

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

Mailing Address 849 ISLAND POINT LANE

City State Zip Code
CHAPIN SC 29036-7602

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
470.16

Transaction ID : SA17.71118

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 125.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CATHERINE BENFIELD

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code
CHAPIN SC 29036-7602

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
470.16

Transaction ID : SA17.71119

Date of Receipt
M M / D D / Y Y Y Y
06 13 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

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

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code
CHAPIN SC 29036-7602

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
470.16

Transaction ID : SA17.71120

Date of Receipt
M M / D D / Y Y Y Y
06 23 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

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

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code
CHAPIN SC 29036-7602

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
470.16

Transaction ID : SA17.71121

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ **150.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CATHERINE BENFIELD

Mailing Address **849 ISLAND POINT LANE**

City **CHAPIN** State **SC** Zip Code **29036-7602**

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

Name of Employer **SELF-EMPLOYED** Occupation **PSYCHOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **470.16**

Transaction ID : SA17.71123

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

									50.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT M. BEREN

Mailing Address **13840 LE MANS WAY**

City **PALM BEACH GARDENS** State **FL** Zip Code **33410-1266**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Transaction ID : SA17.69542

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

									250.00

C. Full Name (Last, First, Middle Initial)
DR. ROBERT F. BERGER

Mailing Address **5251 FOREST DR.**

City **COLUMBIA** State **SC** Zip Code **29206-4920**

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

Name of Employer **SELF-EMPLOYED** Occupation **DENTIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Transaction ID : SA17.691

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			07			2015			

CONTRIBUTION

Amount of Each Receipt this Period

									500.00

Subtotal Of Receipts This Page (optional).....▶

									800.00
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Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MARC BERMAN

Mailing Address **180 E PEARSON**
5604

City **CHICAGO** State **IL** Zip Code **60611-2130**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.1033

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address **180 E PEARSON**
5604

City **CHICAGO** State **IL** Zip Code **60611-2130**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.72644

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

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

Mailing Address **180 E PEARSON**
5604

City **CHICAGO** State **IL** Zip Code **60611-2130**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.856

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **600.00**

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
WAYNE L. BERMAN

Mailing Address **2055 WHITE AVE. ST. NW**

City	State	Zip Code
WASHINGTON	DC	20008-

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

Name of Employer	Occupation
BLACKSTONE	ADVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.1723

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

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

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

Mailing Address **14 E MEADOW RD**

City	State	Zip Code
WESTPORT	CT	06880-3011

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.190

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

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address **25 STONECROFT CIR**

City	State	Zip Code
WESTON	MA	02493-2225

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

Name of Employer	Occupation
HIGHFIELDS CAPITAL	INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.1698

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1500.00

Subtotal Of Receipts This Page (optional).....▶ **5000.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JOHN BERRY

Mailing Address **542 RICHLAND CREEK RD.**

City State Zip Code
WARD SC 29166-9477

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.67001

Date of Receipt
M M / D D / Y Y Y Y
06 09 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address **525 PARK AVE**

City State Zip Code
NEW YORK NY 10065-8141

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

Name of Employer Occupation
SOROS FUND MANAGEMENT MONEY MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.1067

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

CONTRIBUTION

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
PAULA HARPER BETHEA

Mailing Address **51 PENINSULA DRIVE**

City State Zip Code
HILTON HEAD ISLAND SC 29926-1134

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

Name of Employer Occupation
SCEL CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3717.70

Transaction ID : SA17.1279

Date of Receipt
M M / D D / Y Y Y Y
04 10 2015

CONTRIBUTION

Amount of Each Receipt this Period
1108.85

Subtotal Of Receipts This Page (optional).....▶ **2858.85**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 61 / 893

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PAULA HARPER BETHEA

Mailing Address 51 PENINSULA DRIVE

City State Zip Code
HILTON HEAD ISLAND SC 29926-1134

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

Name of Employer Occupation
SCEL CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3717.70

Transaction ID : SA17.167

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1108.85

IN-KIND: EVENT CATERING

B. Full Name (Last, First, Middle Initial)
PAULA HARPER BETHEA

Mailing Address 51 PENINSULA DRIVE

City State Zip Code
HILTON HEAD ISLAND SC 29926-1134

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

Name of Employer Occupation
SCEL CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3717.70

Transaction ID : SA17.72800

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1500.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

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

Mailing Address P.O. BOX 3088

City State Zip Code
SUMMERVILLE SC 29484-3088

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

Name of Employer Occupation
STERLING ENTERPRISES/ANIMA PRODUCTIONS SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17.71795

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 2858.85

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MARCY BETZER

Mailing Address P.O. BOX 3088

City State Zip Code
SUMMERVILLE SC 29484-3088

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

Name of Employer Occupation
STERLING ENTERPRISES/ANIMA PRODUCT SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17.71838

Date of Receipt
MM / DD / YYYY
06 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

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

Mailing Address 103 FOUR LAKES DRIVE

City State Zip Code
EASLEY SC 29642-3305

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.1069

Date of Receipt
MM / DD / YYYY
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
200.00

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

Mailing Address 103 FOUR LAKES DRIVE

City State Zip Code
EASLEY SC 29642-3305

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.71500

Date of Receipt
MM / DD / YYYY
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 800.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KENNETH BIALKIN

Mailing Address **4 TIMES SQ**

City State Zip Code
NEW YORK NY 10036-6518

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

Name of Employer Occupation
SKADDEN ARPS ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.78

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

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address **27 HARVEST COURT**

City State Zip Code
GREENVILLE SC 29601-4409

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

Name of Employer Occupation
SELF-EMPLOYED SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1050.00

Transaction ID : SA17.1571

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address **27 HARVEST COURT**

City State Zip Code
GREENVILLE SC 29601-4409

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

Name of Employer Occupation
SELF-EMPLOYED SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1050.00

Transaction ID : SA17.72567

Date of Receipt
M M / D D / Y Y Y Y
05 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ **2050.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KJESTINE BIJUR

Mailing Address 10855 CHARLESTON DRIVE

City State Zip Code
VERO BEACH FL 32963-4797

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.71368

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

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

Mailing Address 10855 CHARLESTON DRIVE

City State Zip Code
VERO BEACH FL 32963-4797

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.71797

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address 32 PLANTERS ROW

City State Zip Code
HILTON HEAD SC 29928-5504

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71816

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 800.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LYNNE BISHOP

Mailing Address **1 ENTERPRISE DRIVE**

City State Zip Code
SALEM NH 03079-2912

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.72602

Date of Receipt
M M / D D / Y Y Y Y
05 12 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

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

Mailing Address **1 ENTERPRISE DRIVE**

City State Zip Code
SALEM NH 03079-2912

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.72603

Date of Receipt
M M / D D / Y Y Y Y
05 18 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

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

Mailing Address **1 ENTERPRISE DRIVE**

City State Zip Code
SALEM NH 03079-2912

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.966

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

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **200.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LARRY BLACKWELL

Mailing Address **208 FAIRVIEW AVE**

City State Zip Code
GREENVILLE SC 29601-4312

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

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71757

Date of Receipt
M M / D D / Y Y Y Y
06 01 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOSEPH J. BLAKE JR.

Mailing Address **209 BABBS HOLW.**

City State Zip Code
GREENVILLE SC 29607-3747

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

Name of Employer Occupation
HAYNSWORTH, SINKLER, ET AL ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1745

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

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. LEROY BLAKELY

Mailing Address **1642 BLAKELY RD.**

City State Zip Code
WATERLOO SC 29384-4029

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

Name of Employer Occupation
SC ELECTRIC COOPERATIVES EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68857

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1000.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 70 / 893

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
WAYNE BLANTON

Mailing Address **373 BENT OAK DRIVE**

City State Zip Code
CHAPIN SC 29036-7681

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71740

Date of Receipt
M M / D D / Y Y Y Y
06 30 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address **730 5TH AVE**

City State Zip Code
NEW YORK NY 10019-4105

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

Name of Employer Occupation
ACCESS INDUSTRIES MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.71922

Date of Receipt
M M / D D / Y Y Y Y
06 22 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
MRS. EMILY BLAVATNIK

Mailing Address **730 5TH AVENUE, FL. 20**

City State Zip Code
NEW YORK NY 10019-4105

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69402

Date of Receipt
M M / D D / Y Y Y Y
06 29 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional)..... **11050.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 71 / 893

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. EMILY BLAVATNIK

Mailing Address 730 5TH AVENUE, FL. 20

City State Zip Code
NEW YORK NY 10019-4105

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69402B

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MRS. EMILY BLAVATNIK

Mailing Address 730 5TH AVENUE, FL. 20

City State Zip Code
NEW YORK NY 10019-4105

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69761

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address 67 MASON STREET

City State Zip Code
GREENWICH CT 06830-3104

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.71920

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

REATTRIBUTION / REDESIGNATION REQUESTED
(AUTOMATIC)

Subtotal Of Receipts This Page (optional).....▶ 5400.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. LEONARD BLAVATNIK

Mailing Address 730 5TH AVENUE, FL. 20

City State Zip Code
NEW YORK NY 10019-4105

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

Name of Employer Occupation
ACCESS INDUSTRIES CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69406

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
MR. LEONARD BLAVATNIK

Mailing Address 730 5TH AVENUE, FL. 20

City State Zip Code
NEW YORK NY 10019-4105

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

Name of Employer Occupation
ACCESS INDUSTRIES CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69406B

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2700.00

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
MR. LEONARD BLAVATNIK

Mailing Address 730 5TH AVENUE, FL. 20

City State Zip Code
NEW YORK NY 10019-4105

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

Name of Employer Occupation
ACCESS INDUSTRIES CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69763

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

Subtotal Of Receipts This Page (optional).....▶ 5400.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. HOWARD M. BLOCH

Mailing Address **11018 WHITEHAWK STREET**

City **PLANTATION** State **FL** Zip Code **33324-2176**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.67596

Date of Receipt
 M M / D D / Y Y Y Y
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

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

Mailing Address **11 ALBION RD**

City **WELLESLEY** State **MA** Zip Code **02481-1304**

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

Name of Employer **BERKSHIRE PARTNERS LLC** Occupation **INVESTMENTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1822

Date of Receipt
 M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. DANIEL A. BOEHNEN

Mailing Address **1833 N. SEDGWICK ST.**

City **CHICAGO** State **IL** Zip Code **60614-5305**

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

Name of Employer **MCDONNELL BOEHNEN HULBERT & BERGHOFF** Occupation **PATENT ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.69242

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **3300.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. DANIEL A. BOEHNEN

Mailing Address 1833 N. SEDGWICK ST.

City	State	Zip Code
CHICAGO	IL	60614-5305

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MCDONNELL BOEHNEN HULBERT & BERGH	PATENT ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72643

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			18			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. DANIEL A. BOEHNEN

Mailing Address 1833 N. SEDGWICK ST.

City	State	Zip Code
CHICAGO	IL	60614-5305

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MCDONNELL BOEHNEN HULBERT & BERGH	PATENT ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72645

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			11			2015			

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 122 WATERSPRING RD

City	State	Zip Code
ORANGEBURG	SC	29118-9406

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
LIVE OAKS SPORTING CLAYS	MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71831

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MARK BOLTON

Mailing Address **8703 BELWORTH SQUARE**

City State Zip Code
NEW ALBANY OH 43054-9074

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

Name of Employer Occupation
COAST TO COAST HEALTHCARE SERVICES PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71777

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DAN W. BOONE III

Mailing Address **4123 SPRING IS.**

City State Zip Code
OKATIE SC 29909-4041

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.880

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

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DR. W. ED BOSARGE

Mailing Address **4203 YOAKUM BLVD**

City State Zip Code
HOUSTON TX 77006-5452

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

Name of Employer Occupation
CAPITAL TECHNOLOGIES, INC. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1481

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **2250.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LEMUEL BOUNDS

Mailing Address 928 LANDER DR
UNIT 102

City State Zip Code
FORT MILL SC 29708-8188

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.815

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address 615 S. WOODLAND ST.

City State Zip Code
VISALIA CA 93277-2070

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

Name of Employer Occupation
BOURDETTE & PARTNERS PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.1862

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address 615 S WOODLAND ST

City State Zip Code
VISALIA CA 93277-2070

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

Name of Employer Occupation
BOURDETTE LAW ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.77

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

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 78 / 893

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. KARL S. BOWERS JR.

Mailing Address 1730 CRESTWOOD DR.

City State Zip Code
COLUMBIA SC 29205-3210

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1436

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MR. KARL S. BOWERS JR.

Mailing Address 1730 CRESTWOOD DR.

City State Zip Code
COLUMBIA SC 29205-3210

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69627

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2800.00

SEE REATTRIBUTION

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

Mailing Address 1730 CRESTWOOD DR.

City State Zip Code
COLUMBIA SC 29205-3210

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69709

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

Subtotal Of Receipts This Page (optional).....▶ 5400.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. KARL S. BOWERS JR.

Mailing Address 1730 CRESTWOOD DR.

City	State	Zip Code
COLUMBIA	SC	29205-3210

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69627B

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
MR. ROBERT F. BOWLES

Mailing Address 711 W. CHURCH STREET
P.O. BOX 705

City	State	Zip Code
SALUDA	SC	29138-7343

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SALUDA NURSING CENTER	NURSING HOME MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67986

Date of Receipt

M M / D D / Y Y Y Y
06 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. ROBERT F. BOWLES

Mailing Address 711 W. CHURCH STREET
P.O. BOX 705

City	State	Zip Code
SALUDA	SC	29138-7343

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SALUDA NURSING CENTER	NURSING HOME MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68975

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 80 / 893

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PAT BOYKIN

Mailing Address **P.O. BOX 69**

City **REMBERT** State **SC** Zip Code **29128-0069**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1855

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

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
RIGDON H. BOYKIN

Mailing Address **1626 SUMTER HWY**

City **REMBERT** State **SC** Zip Code **29128-**

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

Name of Employer **INFO REQUESTED PER BEST EFFORTS** Occupation **GENERAL MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.126

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

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

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

Mailing Address **821 BLUE HERON COVE**

City **DILLON** State **SC** Zip Code **29536-3167**

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

Name of Employer **DILLON PROVISION CO., INC.** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71754

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **5450.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. DENNIS M. BRAASCH

Mailing Address 4 HUNTINGTON CT

City State Zip Code
GREENVILLE SC 29615-4213

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

Name of Employer Occupation
BRAASCH BUILDER OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69217

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

B. Full Name (Last, First, Middle Initial)
MR. DENNIS M. BRAASCH

Mailing Address 4 HUNTINGTON CT

City State Zip Code
GREENVILLE SC 29615-4213

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

Name of Employer Occupation
BRAASCH BUILDER OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.71883

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1800.00

C. Full Name (Last, First, Middle Initial)
MR. DENNIS M. BRAASCH

Mailing Address 4 HUNTINGTON CT

City State Zip Code
GREENVILLE SC 29615-4213

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

Name of Employer Occupation
BRAASCH BUILDER OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.982

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ 5400.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CHARLOTTE BRADBURY

Mailing Address 4 EDGEHILL RD

City State Zip Code
LITTLE ROCK AR 72207-5444

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1549

Date of Receipt
M M / D D / Y Y Y Y
02 24 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
CURTIS F. BRADBURY JR.

Mailing Address 4 EDGEHILL RD

City State Zip Code
LITTLE ROCK AR 72207-5444

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

Name of Employer Occupation
STEPHENS, INC. COO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1420

Date of Receipt
M M / D D / Y Y Y Y
02 24 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
WILLIAM BRADNAN M.D.

Mailing Address 23 COTTONWOOD LANE

City State Zip Code
HILTON HEAD ISLAND SC 29926-1960

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.1657

Date of Receipt
M M / D D / Y Y Y Y
03 24 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 5300.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

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

WILLIAM BRADNAN M.D.

Mailing Address 23 COTTONWOOD LANE

City State Zip Code
HILTON HEAD ISLAND SC 29926-1960

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.72678

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period

700.00

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

WILLIAM BRADNAN M.D.

Mailing Address 23 COTTONWOOD LANE

City State Zip Code
HILTON HEAD ISLAND SC 29926-1960

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.991

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

700.00

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

MRS. MARGARET E. BRADY

Mailing Address 1706 HARRISON STREET

City State Zip Code
SANTA CLARA CA 95050-4656

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69320

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2015			

CONTRIBUTION

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....

700.00

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

700.00

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PAM BRAMMER

Mailing Address 615-1 MOHICAN AVE
1

City State Zip Code
DOTHAN AL 36301-2147

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TROY UNIVERSITY ADJUNCT INSTRUCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17.1280

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 615-1 MOHICAN AVE
1

City State Zip Code
DOTHAN AL 36301-2147

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TROY UNIVERSITY ADJUNCT INSTRUCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17.70584

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 615-1 MOHICAN AVE
1

City State Zip Code
DOTHAN AL 36301-2147

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TROY UNIVERSITY ADJUNCT INSTRUCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17.71173

Date of Receipt
M M / D D / Y Y Y Y
06 / 21 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PAM BRAMMER

Mailing Address 615-1 MOHICAN AVE
1

City DOTHAN State AL Zip Code 36301-2147

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

Name of Employer TROY UNIVERSITY Occupation ADJUNCT INSTRUCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 245.00

Transaction ID : SA17.72405

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

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

Mailing Address 615-1 MOHICAN AVE
1

City DOTHAN State AL Zip Code 36301-2147

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

Name of Employer TROY UNIVERSITY Occupation ADJUNCT INSTRUCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 245.00

Transaction ID : SA17.72406

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

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

Mailing Address 615-1 MOHICAN AVE
1

City DOTHAN State AL Zip Code 36301-2147

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

Name of Employer TROY UNIVERSITY Occupation ADJUNCT INSTRUCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 245.00

Transaction ID : SA17.72407

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ 75.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PAM BRAMMER

Mailing Address **615-1 MOHICAN AVE**
1

City **DOTHAN** State **AL** Zip Code **36301-2147**

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

Name of Employer **TROY UNIVERSITY** Occupation **ADJUNCT INSTRUCTOR**

Receipt For: 2016
 Primary General
 Other (specify) **Election Cycle-to-Date** **245.00**

Transaction ID : SA17.72408

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

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

Mailing Address **615-1 MOHICAN AVE**
1

City **DOTHAN** State **AL** Zip Code **36301-2147**

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

Name of Employer **TROY UNIVERSITY** Occupation **ADJUNCT INSTRUCTOR**

Receipt For: 2016
 Primary General
 Other (specify) **Election Cycle-to-Date** **245.00**

Transaction ID : SA17.897

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

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR. CRAIG A. BRANDON

Mailing Address **106 WESCOTT DR.**

City **CLEMSON** State **SC** Zip Code **29631-2704**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) **Election Cycle-to-Date** **1100.00**

Transaction ID : SA17.1803

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

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **175.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. CRAIG A. BRANDON

Mailing Address 106 WESCOTT DR.

City State Zip Code
CLEMSON SC 29631-2704

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17.68959

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address 215 COUNTRY LAKE DR

City State Zip Code
LEXINGTON SC 29072-9101

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

Name of Employer Occupation
AVTEC, INC. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71820

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR JOHN BRANTLEY

Mailing Address 121 GREYSTONE BLVD

City State Zip Code
COLUMBIA SC 29210-8002

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

Name of Employer Occupation
CENTRAL ELECTRIC CO-OPS CO-OP EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68843

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 89 / 893

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. DAN C. BREEDEN JR.

Mailing Address 171 TWIN POND DR.

City State Zip Code
SPARTANBURG SC 29307-1281

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

Name of Employer Occupation
JOHNSON DEVELOPMENT, INC. CFO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67982

Date of Receipt
MM / DD / YYYY
06 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

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

Mailing Address 4629 VISTA DE LA TIERRA

City State Zip Code
DEL MAR CA 92014-4218

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.72743

Date of Receipt
MM / DD / YYYY
05 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address 1215 JENNINGS CT.

City State Zip Code
COLUMBIA SC 29204-3319

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

Name of Employer Occupation
BB&T BANKING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.416

Date of Receipt
MM / DD / YYYY
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ 5550.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

**A. Full Name (Last, First, Middle Initial)
MICHAEL BRESLIN**

Mailing Address 2612 TALLWIND COURT

City State Zip Code
CROFTON MD 21114-1167

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71811

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

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

Mailing Address 125 BAILEY ROAD

City State Zip Code
MOORE SC 29369-9131

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.69632

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

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

Mailing Address 125 BAILEY ROAD

City State Zip Code
MOORE SC 29369-9131

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.69653

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

Subtotal Of Receipts This Page (optional).....▶ 5500.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 92 / 893

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LYNNE BRICKNER

Mailing Address 424 N. KENTER AVE.

City State Zip Code
LOS ANGELES CA 90049-1933

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71822

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. THOMAS C. BRITTAIN

Mailing Address 4614 OLEANDER DR.

City State Zip Code
MYRTLE BEACH SC 29577-5736

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

Name of Employer Occupation
HEARN BRITTAIN & MARTIN, PA ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.67584

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. JUERGEN H. BROCKMANN

Mailing Address 32 MARSHVIEW DR.

City State Zip Code
HILTON HEAD ISLAND SC 29928-3143

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

Name of Employer Occupation
BROCKMAN IND., INC. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.1272

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
T. ANTHONY BROOKS

Mailing Address **P.O. BOX 819**

City State Zip Code
TETON VILLAGE WY 83025-0819

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.67055

Date of Receipt
M M / D D / Y Y Y Y
06 10 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address **120 ELIZABETH ROAD**

City State Zip Code
CENTRAL SC 29630-9407

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

Name of Employer Occupation
AERONIX INC. VP BUS.DEV- DEFENSE COMMUNICATIONS/SU

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.72736

Date of Receipt
M M / D D / Y Y Y Y
05 18 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. DOUGLAS G. BROWN

Mailing Address **1402 STONE GATE DRIVE**

City State Zip Code
SHELBY NC 28150-6206

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

Name of Employer Occupation
TRIPLE D PUBLISHING EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.105

Date of Receipt
M M / D D / Y Y Y Y
03 27 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **3200.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. DOUGLAS G. BROWN

Mailing Address 1402 STONE GATE DRIVE

City State Zip Code
SHELBY NC 28150-6206

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

Name of Employer Occupation
TRIPLE D. PUBLISHING EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.68745

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

REATTRIBUTION/REDESIGNATION REQUESTED

B. Full Name (Last, First, Middle Initial)
MR. HANK BROWN

Mailing Address 470 CIRCLE DR.

City State Zip Code
DENVER CO 80206-4111

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

Name of Employer Occupation
BROWNSTEIN HYATT ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69639

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

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

Mailing Address 410 17TH ST
STE 2200

City State Zip Code
DENVER CO 80202-4432

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.257

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... 5900.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LISA C. BROWN

Mailing Address 1221 MAIN ST
STE 1000

City State Zip Code
COLUMBIA SC 29201-3255

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.945

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

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

Mailing Address 410 17TH ST
STE 2200

City State Zip Code
DENVER CO 80202-4432

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

Name of Employer Occupation
BROWNSTEIN HYATT FARBER SCHRECK ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.380

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

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

Mailing Address 2932 PACOLET HWY

City State Zip Code
GAFFNEY SC 29340-5926

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

Name of Employer Occupation
BROWN PACKING CO., INC. BUSINESS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71756

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5550.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. STEPHEN BROWN

Mailing Address VOSS ROAD

City HOUSTON State TX Zip Code 77024-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69223

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. STUART BROWN JR.

Mailing Address 112 MOSS CREEK DRIVE

City HILTON HEAD State SC Zip Code 29926-1016

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.69812

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
TERRY S. BROWN

Mailing Address 1525 ADGER RD

City COLUMBIA State SC Zip Code 29205-1407

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

Name of Employer EDENS Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5200.00

Transaction ID : SA17.114

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

REFUND ISSUED ON 7/15/2015

Subtotal Of Receipts This Page (optional).....▶ 3350.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 98 / 893

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
TERRY S. BROWN

Mailing Address 1525 ADGER RD

City State Zip Code
COLUMBIA SC 29205-1407

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

Name of Employer Occupation
EDENS CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5200.00

Transaction ID : SA17.828

Date of Receipt
MM / DD / YYYY
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

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

Mailing Address 811 CANARY DRIVE

City State Zip Code
CHARLESTON SC 29414-5460

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

Name of Employer Occupation
NATIONAL CHECK FRAUD CENTER DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.72737

Date of Receipt
MM / DD / YYYY
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN C. BRUNER

Mailing Address 1035 BERKSHIRE ST.

City State Zip Code
OAK PARK IL 60302-1369

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.67122

Date of Receipt
MM / DD / YYYY
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 3100.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
GREGORY BRYANT

Mailing Address P.O. BOX 1359

City State Zip Code
PEMBROKE NC 28372-1359

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

Name of Employer Occupation
RED APPLE PROPERTIES DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.194

Date of Receipt
MM / DD / YYYY
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MR. T. SCOTT BRYANT

Mailing Address 114 YARDLEY FARMS DRIVE

City State Zip Code
WEST COLUMBIA SC 29170-1258

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68879

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address 9260 MONTE MAR DR

City State Zip Code
LOS ANGELES CA 90035-4146

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

Name of Employer Occupation
CONRAD N HILTON FOUNDATION DIRECTOR OF INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.983

Date of Receipt
MM / DD / YYYY
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 3500.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. HERBERT BUCHWALD

Mailing Address P.O. BOX 24649

City State Zip Code
DENVER CO 80224-0649

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

Name of Employer Occupation
BUCHWALD PETROL RESOURCES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.67613

Date of Receipt
MM / DD / YYYY
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

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

Mailing Address 185 LU FOSTER LANE

City State Zip Code
MERRIMAC WI 53561-9502

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71773

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address 301 SUNSET DRIVE CT

City State Zip Code
GRAY TN 37615-

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

Name of Employer Occupation
NUCLEAR FUEL SERVICES, INC SECURITY MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17.1151

Date of Receipt
MM / DD / YYYY
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 800.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MICHAEL BUMGARNER

Mailing Address 301 SUNSET DRIVE CT

City State Zip Code
GRAY TN 37615-

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

Name of Employer Occupation
NUCLEAR FUEL SERVICES, INC SECURITY MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17.1643

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

CONTRIBUTION

Amount of Each Receipt this Period
50.00

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

Mailing Address 301 SUNSET DRIVE CT

City State Zip Code
GRAY TN 37615-

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

Name of Employer Occupation
NUCLEAR FUEL SERVICES, INC SECURITY MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17.559

Date of Receipt
M M / D D / Y Y Y Y
02 19 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

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

Mailing Address 301 SUNSET DRIVE CT

City State Zip Code
GRAY TN 37615-

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

Name of Employer Occupation
NUCLEAR FUEL SERVICES, INC SECURITY MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17.71200

Date of Receipt
M M / D D / Y Y Y Y
06 01 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 200.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MICHAEL BUMGARNER

Mailing Address 301 SUNSET DRIVE CT

City State Zip Code
GRAY TN 37615-

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

Name of Employer Occupation
NUCLEAR FUEL SERVICES, INC SECURITY MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17.948

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
X. O. BUNCH JR.

Mailing Address P.O. BOX 62709

City State Zip Code
CHARLESTON SC 29419-2709

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

Name of Employer Occupation
HUGHES MOTORS, INC. TRUCK SALES & SERVICES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.67921

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
MR. DEAN L. BUNTROCK

Mailing Address ONE TOWER LANE SUITE 2242
OAKBROOK TERRACE TOWER

City State Zip Code
OAKBROOK TERRACE IL 60181-4636

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69781

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

REDESIGNATION REQUESTED

Subtotal Of Receipts This Page (optional).....▶ 7425.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. ROSEMARIE BUNTROCK

Mailing Address **ONE TOWER LANE SUITE 2342
OAKBROOK TERRACE TOWER**

City **OAKBROOK TERRACE** State **IL** Zip Code **60181-4671**

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 ▼
5400.00

Transaction ID : SA17.69782

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

REDESIGNATION REQUESTED

B. Full Name (Last, First, Middle Initial)
MR. JAMES A. BUNTYN

Mailing Address **4934 W. SAN RAFAEL STREET**

City **TAMPA** State **FL** Zip Code **33629-5404**

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

Name of Employer **NUIX** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.67147

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address **804 WALDEN DR**

City **BEVERLY HILLS** State **CA** Zip Code **90210-3034**

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 ▼
1000.00

Transaction ID : SA17.119

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **6650.00**

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
SARA BURNAN

Mailing Address **966 SANTA MONICA BLVD., STE. 968**

City **BEVERLY HILLS** State **CA** Zip Code **90210-**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **AUTOMOBILE DEALER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.558

Date of Receipt

MM / DD / YYYY
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
FRANCES J. BURNS

Mailing Address **3017 RAPHAEL DR.**

City **HATTIESBURG** State **MS** Zip Code **39402-3034**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71760

Date of Receipt

MM / DD / YYYY
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

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

Mailing Address **1722 FAIR ST**

City **CAMDEN** State **SC** Zip Code **29020-2719**

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

Name of Employer **SELF-EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.91

Date of Receipt

MM / DD / YYYY
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ **2250.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MICHAEL BURSTEIN

Mailing Address 11600 WASHINGTON PL
STE 140

City State Zip Code
LOS ANGELES CA 90066-5033

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1875

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

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

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

Mailing Address 3921 OVERTON PARK DR. EAST

City State Zip Code
FORT WORTH TX 76109-2626

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.72784

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. W. LEE BUSSELL

Mailing Address 205 MILLPOINT CT.

City State Zip Code
CHAPIN SC 29036-7647

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

Name of Employer Occupation
CHERNOFF NEWMAN CEO AD/PR FIRM

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.68777

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional).....▶ 5700.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. MARK W. BUYCK JR.

Mailing Address 1439 CHEROKEE ROAD

City State Zip Code
FLORENCE SC 29501-4549

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

Name of Employer Occupation
WILCOX LAW FIRM ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69459

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

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

Mailing Address 18 BARONNE CT.

City State Zip Code
GREER SC 29650-4414

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.1390

Date of Receipt
MM / DD / YYYY
04 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

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

Mailing Address 18 BARONNE CT.

City State Zip Code
GREER SC 29650-4414

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.490

Date of Receipt
MM / DD / YYYY
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 2900.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
SARAH BYARS

Mailing Address 18 BARONNE CT.

City	State	Zip Code
GREER	SC	29650-4414

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 ▼
 _____ 350.00

Transaction ID : SA17.71527

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

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

Mailing Address 18 BARONNE CT.

City	State	Zip Code
GREER	SC	29650-4414

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 ▼
 _____ 350.00

Transaction ID : SA17.944

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

C. Full Name (Last, First, Middle Initial)
ELIZABETH KIRKLAND CAHILL

Mailing Address 2 LADSON ST

City	State	Zip Code
CHARLESTON	SC	29401-2757

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

Name of Employer SELF-EMPLOYED	Occupation WRITER
-----------------------------------	----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2600.00

Transaction ID : SA17.1101

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2600.00

Subtotal Of Receipts This Page (optional).....▶ _____ 2750.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOHN T. CAHILL

Mailing Address **2 LADSON ST**

City State Zip Code
CHARLESTON SC 29401-2757

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

Name of Employer Occupation
KRAFT FOODS, INC. CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.331

Date of Receipt
M M / D D / Y Y Y Y
02 05 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

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

Mailing Address **21854 US HWY 76**

City State Zip Code
NEWBERRY SC 29108-9010

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17.1245

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

CONTRIBUTION

Amount of Each Receipt this Period
500.00

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

Mailing Address **21854 US HWY 76**

City State Zip Code
NEWBERRY SC 29108-9010

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17.71828

Date of Receipt
M M / D D / Y Y Y Y
06 29 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **3600.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
SCOTT CAIN

Mailing Address 21854 US HWY 76

City	State	Zip Code
NEWBERRY	SC	29108-9010

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1100.00

Transaction ID : SA17.72587

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

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

Mailing Address 21854 US HWY 76

City	State	Zip Code
NEWBERRY	SC	29108-9010

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1100.00

Transaction ID : SA17.986

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

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

Mailing Address P.O. BOX 729

City	State	Zip Code
SPRINGFIELD	TN	37172-0729

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

Name of Employer	Occupation
CROWN MACHINERY	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.72773

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			19			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 600.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. WALTER C. CALHOUN

Mailing Address 10 WHITE CAP COURT

City SALEM State SC Zip Code 29676-4317

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.1892

Date of Receipt
MM / DD / YYYY
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. WALTER C. CALHOUN

Mailing Address 10 WHITE CAP COURT

City SALEM State SC Zip Code 29676-4317

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.67226

Date of Receipt
MM / DD / YYYY
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. WALTER C. CALHOUN

Mailing Address 10 WHITE CAP COURT

City SALEM State SC Zip Code 29676-4317

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.69438

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 250.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CRAIG D. CAMPBELL

Mailing Address P.O. BOX 34367

City State Zip Code
LITTLE ROCK AR 72203-4367

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

Name of Employer Occupation
THE STEPHENS GROUP VICE CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.908

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH S. CAMPBELL

Mailing Address P.O. BOX 34376

City State Zip Code
LITTLE ROCK AR 72203-7376

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

Name of Employer Occupation
THE STEPHENS GROUP CO-CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.401

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR. GEORGE CAMPSER III

Mailing Address 28 WATERWAY ISLAND DR.

City State Zip Code
ISLE OF PALMS SC 29451-2728

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

Name of Employer Occupation
FORT SUMTER TOURS ATTORNEY/BUSINESSMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69003

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 7900.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PAT H. CASSELS

Mailing Address **21 DILL CT**

City State Zip Code
COLUMBIA SC 29204-3378

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68780

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
WILLIAM TOBIN CASSELS III

Mailing Address **P.O. BOX 1691**

City State Zip Code
COLUMBIA SC 29202-1691

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

Name of Employer Occupation
SOUTHEASTERN FREIGHT LINES PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1674

Date of Receipt
M M / D D / Y Y Y Y
02 24 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
WILLIAM TOBIN CASSELS JR.

Mailing Address **P.O. BOX 1691**

City State Zip Code
COLUMBIA SC 29202-1691

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

Name of Employer Occupation
SOUTHEASTERN FREIGHT LINES CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.917

Date of Receipt
M M / D D / Y Y Y Y
02 24 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **8100.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LISA CASTELLANI

Mailing Address 101 REGENTS GATE CT

City State Zip Code
SIMPSONVILLE SC 29681-3611

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

Name of Employer Occupation
SELF-EMPLOYED DOCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.949

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
ROBERT A. CASTELLANI

Mailing Address 101 REGENTS GATE CT

City State Zip Code
SIMPSONVILLE SC 29681-3611

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

Name of Employer Occupation
CIRCLE CREEK HOLDINGS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.581

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR. M. L. CATES JR.

Mailing Address P.O. BOX 5628

City State Zip Code
SPARTANBURG SC 29304-5628

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

Name of Employer Occupation
ARKWRIGHT MILLS TEXTILE EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.67101

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5450.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RON CATRON

Mailing Address **312 MACARTHUR DRIVE**

City State Zip Code
LOUISVILLE KY 40207-2265

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

Name of Employer Occupation
LHI LIGHTING SALES SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71772

Date of Receipt
M M / D D / Y Y Y Y
06 01 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address **817 5TH AVE**

City State Zip Code
NEW YORK NY 10065-7254

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

Name of Employer Occupation
UNITED REFINING CO. CHAIRMAN AND CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1777

Date of Receipt
M M / D D / Y Y Y Y
02 19 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
SAFRA A. CATZ

Mailing Address **P.O. BOX 1644**

City State Zip Code
LOS ALTOS CA 94023-1644

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

Name of Employer Occupation
ORACLE EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.139

Date of Receipt
M M / D D / Y Y Y Y
03 05 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **5650.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
WILLIAM J. CHANGOSE

Mailing Address 106 BUCKLAND PL

City State Zip Code
LITTLE ROCK AR 72223-4567

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

Name of Employer Occupation
WESTROCK GROUP, LLC MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1605

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MR. NORMAN CHAPMAN

Mailing Address 764 PLUME ST

City State Zip Code
SPARTANBURG SC 29302-1452

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

Name of Employer Occupation
INMAN MILLS PRESIDENT AND COO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69257

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT H. CHAPMAN III

Mailing Address P.O. BOX 207

City State Zip Code
INMAN SC 29349-0207

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

Name of Employer Occupation
INMAN MILLS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.69285

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional).....▶ 5600.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
R. JONATHAN CHARLESTON

Mailing Address 132 GREAT OAKS

City State Zip Code
FAYETTEVILLE NC 28303-4978

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

Name of Employer Occupation
THE CHARLESTON GROUP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1251

Date of Receipt
MM / DD / YYYY
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address 40 HURLEY AVENUE

City State Zip Code
KINGSTON NY 12401-3739

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71767

Date of Receipt
MM / DD / YYYY
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address 3131 CONNECTICUT AVE NW
2313

City State Zip Code
WASHINGTON DC 20008-5026

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

Name of Employer Occupation
DANAHER CORPORATION CORPORATE DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17.430

Date of Receipt
MM / DD / YYYY
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ELIZABETH CHEEVER

Mailing Address 3131 CONNECTICUT AVE NW
2313

City State Zip Code
WASHINGTON DC 20008-5026

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

Name of Employer Occupation
DANAHER CORPORATION CORPORATE DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17.72757

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address 5040 CECIL AVE

City State Zip Code
GREENVILLE SC 29601-

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

Name of Employer Occupation
SKY BOAT GAMING PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.428

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MS. JAN CHILDRESS

Mailing Address P.O. BOX 368

City State Zip Code
GREENVILLE SC 29602-0368

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.68792

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

Subtotal Of Receipts This Page (optional).....▶ 5350.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JIM C. CHOW

Mailing Address **3 RICHLAND MEDICAL PARK DR
STE 500**

City State Zip Code
COLUMBIA SC 29203-6854

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

Name of Employer Occupation
COLUMBIA SKIN CLINIC PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68764

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address **30 GREYLOCK RD.**

City State Zip Code
WELLESLEY HILLS MA 02481-1323

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

Name of Employer Occupation
BAUPOST GROUP FINANCIAL ANALYST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1779

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

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address **27 MEADOW LN.**

City State Zip Code
GREENWICH CT 06831-3708

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

Name of Employer Occupation
CANAAN PARTNERS VENTURE CAPITALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71865

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **3000.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KENNETH CLARK

Mailing Address 4920 CLUB RD

City State Zip Code
LITTLE ROCK AR 72207-4704

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

Name of Employer Occupation
THE STEPHENS GROUP, LLC MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.565

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

CONTRIBUTION

Amount of Each Receipt this Period
500.00

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

Mailing Address P.O. BOX 829

City State Zip Code
CONWAY SC 29528-0829

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

Name of Employer Occupation
CONWAY MEDICAL CENTER CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.959

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

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

Mailing Address 8511 SE QUAIL RIDGE WAY

City State Zip Code
HOBE SOUND FL 33455-4137

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

Name of Employer Occupation
NEXTERA ENERGY RESOURCES, LLC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1350.00

Transaction ID : SA17.1044

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

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2000.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DAVID CLEARY

Mailing Address **8511 SE QUAIL RIDGE WAY**

City **HOBE SOUND** State **FL** Zip Code **33455-4137**

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

Name of Employer **NEXTERA ENERGY RESOURCES, LLC** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Transaction ID : SA17.71764

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address **8511 SE QUAIL RIDGE WAY**

City **HOBE SOUND** State **FL** Zip Code **33455-4137**

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

Name of Employer **NEXTERA ENERGY RESOURCES, LLC** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Transaction ID : SA17.72679

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. DERICK S. CLOSE

Mailing Address **300 CHATHAM AVE
STE 102**

City **ROCK HILL** State **SC** Zip Code **29730-5395**

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

Name of Employer **SPRINGS CREATIVE PRODUCTS** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.1639

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **1350.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. DERICK S. CLOSE

Mailing Address **300 CHATHAM AVE
STE 102**

City **ROCK HILL** State **SC** Zip Code **29730-5395**

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

Name of Employer **SPRINGS CREATIVE PRODUCTS** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.68763

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WILLIAM A. COATES

Mailing Address **214 CLEVELAND ST**

City **GREENVILLE** State **SC** Zip Code **29601-4341**

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

Name of Employer **ROE CASSIDY COATES & PRICE PA** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.387

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address **1311 HINNANTS STORE RD**

City **WINNSBORO** State **SC** Zip Code **29180-9494**

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

Name of Employer **INFOSYS LTD.** Occupation **SYSTEMS ANALYST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.1349

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **2100.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
GARRY COATS

Mailing Address 1311 HINNANTS STORE RD

City	State	Zip Code
WINNSBORO	SC	29180-9494

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

Name of Employer	Occupation
INFOSYS LTD.	SYSTEMS ANALYST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17.71036

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			27			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 25.00

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

Mailing Address 1311 HINNANTS STORE RD

City	State	Zip Code
WINNSBORO	SC	29180-9494

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

Name of Employer	Occupation
INFOSYS LTD.	SYSTEMS ANALYST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17.71726

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

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

Mailing Address 1311 HINNANTS STORE RD

City	State	Zip Code
WINNSBORO	SC	29180-9494

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

Name of Employer	Occupation
INFOSYS LTD.	SYSTEMS ANALYST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17.830

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 25.00

Subtotal Of Receipts This Page (optional).....▶ _____ 150.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ALEXANDER Z. COHEN

Mailing Address 190 RIVERSIDE DR., APT. 7A

City State Zip Code
NEW YORK NY 10024-1008

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

Name of Employer Occupation
SOROS FUND MGMT. DIRECTOR OF RESEARCH

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1494

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address 5215 URSULA LN

City State Zip Code
DALLAS TX 75229-6421

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.72763

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

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

Mailing Address 25 DEEPWOOD RD

City State Zip Code
BEDFORD NY 10506-1358

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

Name of Employer Occupation
OZ MANAGEMENT COO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.1308

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

CONTRIBUTION

Amount of Each Receipt this Period
1500.00

Subtotal Of Receipts This Page (optional).....▶ 3000.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
WILLIAM COLE

Mailing Address 7200 118 ST

City State Zip Code
SEMINOLE FL 33772-5721

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71789

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address 2511 ABBEY WAY

City State Zip Code
FLORENCE SC 29501-2904

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

Name of Employer Occupation
MCLEOD HEALTH HEALTHCARE ADMINISTRATION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1587

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

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address 102 KIRKWOOD LN

City State Zip Code
CAMDEN SC 29020-2435

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

Name of Employer Occupation
CITIZENS BANK BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.513

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

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2250.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KENNETH E. COMPTON

Mailing Address 111 MONTGOMERY DR

City State Zip Code
SPARTANBURG SC 29302-3407

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

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.72771

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

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

Mailing Address 1525 KEARNY ST. NE

City State Zip Code
WASHINGTON DC 20017-2959

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

Name of Employer Occupation
SELF-EMPLOYED FUNDRAISING CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68069

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. PAUL J. CONWAY

Mailing Address 532 ISLAND PARK DRIVE

City State Zip Code
DANIEL ISLAND SC 29492-7589

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69018

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1250.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
WILLIAM E. CONWAY

Mailing Address 32400 FAIRMOUNT BLVD

City State Zip Code
PEPPER PIKE OH 44124-4830

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.327

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

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. MARCUS E. COOK

Mailing Address P.O. BOX 336

City State Zip Code
GRAY COURT SC 29645-0336

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

Name of Employer Occupation
COOK'S GARDEN CENTER OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68869

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ALICE B. COOPER

Mailing Address 265 CONNECTICUT AVE

City State Zip Code
SPARTANBURG SC 29302-2049

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71794

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
GARY COOPER

Mailing Address 312 PIONEER LANE

City ANDERSON State SC Zip Code 29625-5649

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Transaction ID : SA17.163

Date of Receipt
MM / DD / YYYY
04 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

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

Mailing Address 312 PIONEER LANE

City ANDERSON State SC Zip Code 29625-5649

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Transaction ID : SA17.221

Date of Receipt
MM / DD / YYYY
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

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

Mailing Address 312 PIONEER LANE

City ANDERSON State SC Zip Code 29625-5649

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Transaction ID : SA17.329

Date of Receipt
MM / DD / YYYY
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 125.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
GARY COOPER

Mailing Address 312 PIONEER LANE

City	State	Zip Code
ANDERSON	SC	29625-5649

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.413

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="35.00"/>

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

Mailing Address 312 PIONEER LANE

City	State	Zip Code
ANDERSON	SC	29625-5649

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71076

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

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

Mailing Address 312 PIONEER LANE

City	State	Zip Code
ANDERSON	SC	29625-5649

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.713

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="25.00"/>

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. NANCIE COOPER

Mailing Address **1633 BROADWAY 7TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10019-7637**

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

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69774

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
MRS. NANCIE COOPER

Mailing Address **1633 BROADWAY 7TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10019-7637**

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

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69774B

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MRS. NANCIE COOPER

Mailing Address **1633 BROADWAY 7TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10019-7637**

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

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.70024

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

Subtotal Of Receipts This Page (optional)..... **5400.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JUDITH C. COPPEDGE

Mailing Address 315 OCEAN VIEW DR.

City MYRTLE BEACH State SC Zip Code 29572-5648

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.500

Date of Receipt
MM / DD / YYYY
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
LLOYD W. COPPEDGE

Mailing Address 315 OCEAN VIEW DR.

City MYRTLE BEACH State SC Zip Code 29572-5648

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

Name of Employer Occupation
WOLVERINE BRASS, INC. CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1555

Date of Receipt
MM / DD / YYYY
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. FRANCIS A. CORCORAN

Mailing Address 1115 PROSPECT AVENUE APT. 101

City BROOKLYN State NY Zip Code 11218-1152

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69325

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
EVAN CORNS

Mailing Address 1431 DUNCAN STREET

City	State	Zip Code
KEY WEST	FL	33040-3472

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.71818

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			15			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 500.00

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

Mailing Address 75 FIELD POINT CIR

City	State	Zip Code
GREENWICH	CT	06830-7072

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.1863

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

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

Mailing Address P.O. BOX 800

City	State	Zip Code
WHITE STONE	SC	29386-0800

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1100.00

Transaction ID : SA17.71881

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 4200.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KENNETH COUCH

Mailing Address **P.O. BOX 800**

City **WHITE STONE** State **SC** Zip Code **29386-0800**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17.72

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
TONY K. COX

Mailing Address **817 SAINT CHARLES RD**

City **NORTH MYRTLE BEACH** State **SC** Zip Code **29582-2845**

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

Name of Employer **BURROUGHS & CHAPIN INC.** Occupation **DEVELOPMENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1046

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. C. T. CROMER

Mailing Address **P.O. BOX 1447**

City **ANDERSON** State **SC** Zip Code **29622-1447**

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

Name of Employer **CROMER FOOD SERVICES** Occupation **OWNER/PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68616

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **3300.00**

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MICHAEL K. CROSSEN

Mailing Address 97 WHITMAR RD

City	State	Zip Code
COTUIT	MA	02635-2931

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RUBIN & RUDMAN, LLP	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69471

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 430 E MAIN ST
SUITE 201

City	State	Zip Code
SPARTANBURG	SC	29302-1979

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WADE CROW ENGINEERING	ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72772

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 33 COMMONWEALTH AVE

City	State	Zip Code
BOSTON	MA	02116-2353

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
THE INTERFACE GROUP-MA	VP/DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.123

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
EDWARD M. CZUKER

Mailing Address 121 S BEVERLY DR

City State Zip Code
BEVERLY HILLS CA 90212-3002

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

Name of Employer Occupation
LEGADO PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1860

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

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES A. D'ALESSIO

Mailing Address 209 FETTERBUSH ROAD

City State Zip Code
ELGIN SC 29045-9185

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68801

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. CHARLES E. DALTON

Mailing Address 11 HARVEST CT

City State Zip Code
GREENVILLE SC 29601-4409

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

Name of Employer Occupation
BLUE RIDGE ELECTRIC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3600.00

Transaction ID : SA17.1266

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ 6300.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. CHARLES E. DALTON

Mailing Address 11 HARVEST CT

City	State	Zip Code
GREENVILLE	SC	29601-4409

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

Name of Employer	Occupation
BLUE RIDGE ELECTRIC	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 3600.00

Transaction ID : SA17.68818

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

B. Full Name (Last, First, Middle Initial)
OLIVIA D. DALTON

Mailing Address 11 HARVEST CT

City	State	Zip Code
GREENVILLE	SC	29601-4409

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 400.00

Transaction ID : SA17.294

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 400.00

C. Full Name (Last, First, Middle Initial)
MR. THOMAS C. DANDRIDGE

Mailing Address P.O. BOX 2744

City	State	Zip Code
ORANGEBURG	SC	29116-2744

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

Name of Employer	Occupation
REGIONAL MEDICAL CENTER	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.1839

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			07			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 200.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1600.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. THOMAS C. DANDRIDGE

Mailing Address **P.O. BOX 2744**

City State Zip Code
ORANGEBURG SC 29116-2744

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

Name of Employer Occupation
REGIONAL MEDICAL CENTER CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.68890

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
E. BART DANIEL

Mailing Address **7 STATE ST**

City State Zip Code
CHARLESTON SC 29401-3008

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5200.00

Transaction ID : SA17.1323

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
E. BART DANIEL

Mailing Address **7 STATE ST**

City State Zip Code
CHARLESTON SC 29401-3008

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5200.00

Transaction ID : SA17.997

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

REFUND ISSUED ON 7/15/2015

Subtotal Of Receipts This Page (optional)..... **5500.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PAUL DANIEL

Mailing Address 162 HUMMINGBIRD CT

City MYRTLE BEACH State SC Zip Code 29579-7829

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.72731

Date of Receipt
MM / DD / YYYY
05 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
200.00

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

Mailing Address 162 HUMMINGBIRD CT

City MYRTLE BEACH State SC Zip Code 29579-7829

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.732

Date of Receipt
MM / DD / YYYY
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
JEREMY A. DANTIN

Mailing Address 66 LAKE FOREST DR

City SPARTANBURG State SC Zip Code 29302-3405

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

Name of Employer HARRISON, WHITE, SMITH & COGGI Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1289

Date of Receipt
MM / DD / YYYY
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ 2950.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PHILIP DARIVOFF

Mailing Address **1 FARMSTEAD RD**

City	State	Zip Code
SHORT HILLS	NJ	07078-1291

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

Name of Employer	Occupation
SELF-EMPLOYED	INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.439

Date of Receipt
MM / DD / YYYY
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
KAREN W. DAVIDSON

Mailing Address **4475 LAHSER RD**

City	State	Zip Code
BLOOMFIELD HILLS	MI	48304-2618

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1

Date of Receipt
MM / DD / YYYY
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LARRY STEVEN DAVID

Mailing Address **2433 HUNTERS TRL**

City	State	Zip Code
MYRTLE BEACH	SC	29588-8412

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

Name of Employer	Occupation
QUAD 4, LLC	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1324

Date of Receipt
MM / DD / YYYY
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 6400.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MICHAEL DAVIDSON

Mailing Address 1755 LAKE COOK ROAD
220

City State Zip Code
HIGHLAND PARK IL 60035-4411

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

Name of Employer Occupation
UNIVERSITY OF CHICAGO PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71867

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. ARCHIE B. DAVIS JR.

Mailing Address 13 ROSEBUD DR.

City State Zip Code
BLUFFTON SC 29910-4703

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

Name of Employer Occupation
SC ELECTRIC COOPERATIVES EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17.68786

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
E. I. DAVIS

Mailing Address P.O. BOX 428

City State Zip Code
GREENWOOD SC 29648-0428

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

Name of Employer Occupation
DAVIS & FLOYD, INC. ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1883

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1900.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
E. I. DAVIS

Mailing Address P.O. BOX 428

City State Zip Code
GREENWOOD SC 29648-0428

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

Name of Employer Occupation
DAVIS & FLOYD, INC. ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69280

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. GARY DAVIS

Mailing Address P.O. BOX 339

City State Zip Code
AWENDAW SC 29429-0339

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68811

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MRS. JUDITH M. DAVIS

Mailing Address 5123 LAKESHORE DR.

City State Zip Code
COLUMBIA SC 29206-4904

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

Name of Employer Occupation
BLUE CROSS BLUE SHIELD OF S.C. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68757

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 4200.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

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

MS. MARY CHANDLER DE MONTEREY

Mailing Address 219 RUTLEDGE LAKE RD

City State Zip Code
GREENVILLE SC 29617-6822

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.68773

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

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

MS. MARY CHANDLER DE MONTEREY

Mailing Address 219 RUTLEDGE LAKE RD

City State Zip Code
GREENVILLE SC 29617-6822

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.69264

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

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

MR. DAVID DEAR

Mailing Address 136 DOGWOOD LANE

City State Zip Code
SHELBY NC 28150-8404

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.68750

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional).....▶ 2200.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
STEVEN DEMBY

Mailing Address **2539 EAST 5TH AVENUE**

City **DENVER** State **CO** Zip Code **80206-4267**

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

Name of Employer **BROWNSTEIN HYATT FARBER SCHRECK, LL** Occupation **SHAREHOLDER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71814

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. H. BENSON DENDY III

Mailing Address **1142 WEST AVE.**

City **RICHMOND** State **VA** Zip Code **23220-3720**

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

Name of Employer **THE VECTRE CORPORATION** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69634

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. TONY DENNY

Mailing Address **104 JOHN PRESTON DR.**

City **LEXINGTON** State **SC** Zip Code **29072-7714**

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

Name of Employer **DENNY PUBLIC AFFAIRS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.69544

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional)..... **3500.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
HON. FREDERICK B. DENT

Mailing Address **221 MONTGOMERY DR.**

City	State	Zip Code
SPARTANBURG	SC	29302-3443

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17.67051

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 250.00

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

Mailing Address **61 COLONIAL LAKE DR**

City	State	Zip Code
CAMDEN	SC	29020-8907

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.561

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			19			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

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

Mailing Address **1025 NAWENCH DRIVE**

City	State	Zip Code
ATLANTA	GA	30327-1339

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

Name of Employer	Occupation
CROSSLINK LIFE SCIENCES	MEDICAL SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.71806

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1750.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. FRED DETTWILLER

Mailing Address 301 GREAT CIRCLE RD

City State Zip Code
NASHVILLE TN 37228-1703

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

Name of Employer Occupation
DETTWILLER DISTRIBUTING CO. PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68760

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES DEYLING

Mailing Address 81 REDBAY RD

City State Zip Code
ELGIN SC 29045-8684

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

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD VP MARKETING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68755

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address 88 PARTRICK RD

City State Zip Code
WESTPORT CT 06880-1836

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.921

Date of Receipt
MM / DD / YYYY
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 4700.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. SAMMY W. DICKSON

Mailing Address P.O. BOX 509

City WESTMINSTER State SC Zip Code 29693-0509

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

Name of Employer Occupation
BLUE RIDGE ELECTRIC MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69790

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

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

Mailing Address 208 HAMPTON AVENUE

City GREENVILLE State SC Zip Code 29601-1931

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

Name of Employer Occupation
WELSH CADSON OPERATING EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68996

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MRS. LYNNE W. DONEHOO

Mailing Address 116 COKER RD

City FOUNTAIN INN State SC Zip Code 29644-9724

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1175.00

Transaction ID : SA17.1405

Date of Receipt
MM / DD / YYYY
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 1600.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. LYNNE W. DONEHOO

Mailing Address 116 COKER RD

City FOUNTAIN INN State SC Zip Code 29644-9724

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1175.00

Transaction ID : SA17.1914

Date of Receipt
MM / DD / YYYY
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MRS. LYNNE W. DONEHOO

Mailing Address 116 COKER RD

City FOUNTAIN INN State SC Zip Code 29644-9724

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1175.00

Transaction ID : SA17.399

Date of Receipt
MM / DD / YYYY
04 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MRS. LYNNE W. DONEHOO

Mailing Address 116 COKER RD

City FOUNTAIN INN State SC Zip Code 29644-9724

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1175.00

Transaction ID : SA17.71190

Date of Receipt
MM / DD / YYYY
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 200.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. LYNNE W. DONEHOO

Mailing Address 116 COKER RD

City	State	Zip Code
FOUNTAIN INN	SC	29644-9724

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1175.00

Transaction ID : SA17.72664

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			17			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

B. Full Name (Last, First, Middle Initial)
MRS. LYNNE W. DONEHOO

Mailing Address 116 COKER RD

City	State	Zip Code
FOUNTAIN INN	SC	29644-9724

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1175.00

Transaction ID : SA17.798

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

C. Full Name (Last, First, Middle Initial)
MRS. LYNNE W. DONEHOO

Mailing Address 116 COKER RD

City	State	Zip Code
FOUNTAIN INN	SC	29644-9724

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1175.00

Transaction ID : SA17.878

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

Subtotal Of Receipts This Page (optional).....▶ _____ 300.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOHN DONG

Mailing Address 441 LAKE MOULTRIE DR

City	State	Zip Code
BONNEAU	SC	29431-8544

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

Name of Employer	Occupation
GENPHAR, INC.	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.72760

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			18			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 500.00

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

Mailing Address P.O. BOX 462

City	State	Zip Code
PICKENS	SC	29671-0462

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

Name of Employer	Occupation
SELF-EMPLOYED	PILATES INSTRUCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2600.00

Transaction ID : SA17.165

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2600.00

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

Mailing Address P.O. BOX 462

City	State	Zip Code
PICKENS	SC	29671-0462

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

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2600.00

Transaction ID : SA17.534

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2600.00

Subtotal Of Receipts This Page (optional).....▶ _____ 5700.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOHN P. DOWD III

Mailing Address 1370 BLACK RIVER DRIVE

City State Zip Code
MOUNT PLEASANT SC 29466-7991

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

Name of Employer Occupation
THE CITADEL FOUNDATION ADMINISTRATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71823

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

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

Mailing Address 102 JACOB CT

City State Zip Code
CORRALES NM 87048-6014

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

Name of Employer Occupation
MIDWESTERN SERVICES, INC. EXECUTIVE VP AND CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.225

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

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. STEVEN DOYLE

Mailing Address 26 PARKMAN BROOK LANE

City State Zip Code
STRATHAM NH 03885-6530

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

Name of Employer Occupation
FLEET PARIS MARKETING GROUP, LTD SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68027

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1250.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. DENNIS E. DREW

Mailing Address 1630 AZTEC LANE

City State Zip Code
MOUNT PLEASANT SC 29466-8863

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5300.00

Transaction ID : SA17.69224

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

B. Full Name (Last, First, Middle Initial)
MRS. LYNN DREW

Mailing Address 1630 AZTEC LN.

City State Zip Code
MOUNT PLEASANT SC 29466-8863

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

Name of Employer Occupation
SELF-EMPLOYED BUSINESS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69277

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

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

Mailing Address 300 CAPRI CT.

City State Zip Code
GREENVILLE SC 29609-3086

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.1876

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 5500.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ROBERT DREYFUS

Mailing Address 300 CAPRI CT.

City State Zip Code
GREENVILLE SC 29609-3086

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.71525

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

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

Mailing Address 300 CAPRI CT.

City State Zip Code
GREENVILLE SC 29609-3086

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.72671

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. TIMOTHY WEYLAND DRISKILL

Mailing Address 5611 E. 113TH STREET

City State Zip Code
TULSA OK 74137-7718

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

Name of Employer Occupation
INSURANCE MANAGEMENT NETWORK OF TULSA INSURANCE AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.68892

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 700.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. DIAL DUBOSE

Mailing Address P.O. BOX 1929

City State Zip Code
EASLEY SC 29641-1929

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

Name of Employer Occupation
NALLEY CONSTRUCTION COMPANY EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69282

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DAVID E. DUKES

Mailing Address 2605 CANTERBURY RD

City State Zip Code
COLUMBIA SC 29204-2307

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

Name of Employer Occupation
NELSON, MULLINS ET AL. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.460

Date of Receipt
MM / DD / YYYY
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

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

Mailing Address 2605 CANTERBURY RD

City State Zip Code
COLUMBIA SC 29204-2307

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1381

Date of Receipt
MM / DD / YYYY
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ 7900.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ALLISON DUNHAM

Mailing Address **254 WOOD RIVER WAY**

City **TAYLORS** State **SC** Zip Code **29687-5448**

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

Name of Employer **HARRISON ,WHITE, SMITH, ET AL.** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.619

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

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

Mailing Address **325 IRON HORSE ROAD**

City **ROCKY MOUNT** State **NC** Zip Code **27804-2120**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.71648

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

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

Mailing Address **325 IRON HORSE ROAD**

City **ROCKY MOUNT** State **NC** Zip Code **27804-2120**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.71784

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **2950.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOHN A. EBNER

Mailing Address 5417 HAWTHORNE RD

City State Zip Code
LITTLE ROCK AR 72207-3751

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

Name of Employer Occupation
CIRCUM FINANCE GROUP INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1775

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH A. EDENS JR.

Mailing Address 1327 GREENHILL RD

City State Zip Code
COLUMBIA SC 29206-2809

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

Name of Employer Occupation
EDENS CHAIRMAN OF THE BOARD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.858

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

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

Mailing Address 60 HARLAN DR

City State Zip Code
NEW ROCHELLE NY 10804-1117

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

Name of Employer Occupation
EISEMAN LEVINE ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.746

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

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 6200.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

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

MR. JOHN WELLS ELLENBERG

Mailing Address 3424 DEVEREAUX ROAD

City State Zip Code
COLUMBIA SC 29205-1921

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

Name of Employer Occupation
SC PORTS AUTHORITY SR V.P. ECONOMIC DEV. & PROJECTS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69012

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

RICK F. ELLIOTT

Mailing Address P.O. BOX 3715

City State Zip Code
NORTH MYRTLE BEACH SC 29582-0715

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

Name of Employer Occupation
WACCAMAW WIRELESS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1058

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

ALEC L. ELLISON

Mailing Address 2 LAURELWOOD CT.

City State Zip Code
RYE NY 10580-1986

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

Name of Employer Occupation
JEFFERIES & CO., INC. INVESTMENT BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.341

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

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ 4600.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DR. ALVON C. ELROD

Mailing Address **52 HICKORY WAY**

City State Zip Code
CLEMSON SC 29631-2017

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.67223

Date of Receipt
M M / D D / Y Y Y Y
06 11 2015

CONTRIBUTION

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
DR. ALVON C. ELROD

Mailing Address **52 HICKORY WAY**

City State Zip Code
CLEMSON SC 29631-2017

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.69286

Date of Receipt
M M / D D / Y Y Y Y
06 29 2015

CONTRIBUTION

Amount of Each Receipt this Period
150.00

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

Mailing Address **324 HOWARD AVE**

City State Zip Code
WOODMERE NY 11598-2909

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS RADIOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71801

Date of Receipt
M M / D D / Y Y Y Y
06 01 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **550.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ALAN ENGEL

Mailing Address 333 W. MAUDE AVE., STE. 218

City	State	Zip Code
SUNNYVALE	CA	94085-4373

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68559

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 245 RIGGS DR

City	State	Zip Code
CLEMSON	SC	29631-1427

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1198

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 245 RIGGS DR

City	State	Zip Code
CLEMSON	SC	29631-1427

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71466

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ILYA ERENBERG

Mailing Address 327 E. RUSTIC RD.

City	State	Zip Code
SANTA MONICA	CA	90402-1146

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71875

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

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 611 ROSEWOOD DRIVE

City	State	Zip Code
FLORENCE	SC	29501-5457

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71860

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

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JAMES L. ERVIN

Mailing Address 410 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003-1819

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ERVIN HILL STRATEGY, INC.	LOBBYIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1018

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

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JAMES L. ERVIN

Mailing Address 410 1ST ST SE

City State Zip Code
WASHINGTON DC 20003-1819

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

Name of Employer Occupation
ERVIN HILL STRATEGY, INC. LOBBYIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.1391

Date of Receipt
MM / DD / YYYY
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
TOM J. ERVIN

Mailing Address 55 CLUB FOREST LN

City State Zip Code
GREENVILLE SC 29605-3153

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

Name of Employer Occupation
KATHRYN WILLIAMS PA ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.527

Date of Receipt
MM / DD / YYYY
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
THEODORE R. ESSEX

Mailing Address 5580 JOWETT CT

City State Zip Code
ALEXANDRIA VA 22315-5541

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

Name of Employer Occupation
USITC ALJ

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
575.00

Transaction ID : SA17.1019

Date of Receipt
MM / DD / YYYY
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 3700.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
THEODORE R. ESSEX

Mailing Address 5580 JOWETT CT

City	State	Zip Code
ALEXANDRIA	VA	22315-5541

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

Name of Employer	Occupation
USITC	ALJ

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 575.00

Transaction ID : SA17.507

Date of Receipt

M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

_____ 100.00

B. Full Name (Last, First, Middle Initial)
THEODORE R. ESSEX

Mailing Address 5580 JOWETT CT

City	State	Zip Code
ALEXANDRIA	VA	22315-5541

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

Name of Employer	Occupation
USITC	ALJ

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 575.00

Transaction ID : SA17.70610

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

_____ 25.00

C. Full Name (Last, First, Middle Initial)
THEODORE R. ESSEX

Mailing Address 5580 JOWETT CT

City	State	Zip Code
ALEXANDRIA	VA	22315-5541

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

Name of Employer	Occupation
USITC	ALJ

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 575.00

Transaction ID : SA17.71065

Date of Receipt

M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

_____ 50.00

Subtotal Of Receipts This Page (optional).....▶ _____ 175.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
THEODORE R. ESSEX

Mailing Address 5580 JOWETT CT

City State Zip Code
ALEXANDRIA VA 22315-5541

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

Name of Employer Occupation
USITC ALJ

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
575.00

Transaction ID : SA17.71067

Date of Receipt
MM / DD / YYYY
06 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
THEODORE R. ESSEX

Mailing Address 5580 JOWETT CT

City State Zip Code
ALEXANDRIA VA 22315-5541

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

Name of Employer Occupation
USITC ALJ

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
575.00

Transaction ID : SA17.71069

Date of Receipt
MM / DD / YYYY
06 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
THEODORE R. ESSEX

Mailing Address 5580 JOWETT CT

City State Zip Code
ALEXANDRIA VA 22315-5541

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

Name of Employer Occupation
USITC ALJ

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
575.00

Transaction ID : SA17.71070

Date of Receipt
MM / DD / YYYY
06 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 150.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
THEODORE R. ESSEX

Mailing Address 5580 JOWETT CT

City	State	Zip Code
ALEXANDRIA	VA	22315-5541

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
USITC	ALJ

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71071

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			23			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
THEODORE R. ESSEX

Mailing Address 5580 JOWETT CT

City	State	Zip Code
ALEXANDRIA	VA	22315-5541

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
USITC	ALJ

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72629

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			18			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
LARRY D. ESTRIDGE

Mailing Address P.O. BOX 10208

City	State	Zip Code
GREENVILLE	SC	29603-0208

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WOMBLE, CARLYLE, ET AL.	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1812

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CARLA EUDY

Mailing Address 4200 MASSACHUSETTS AVENUE NW
NUMBER 312

City State Zip Code
WASHINGTON DC 20016-4744

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

Name of Employer Occupation
THE EUDY COMPANY CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.365

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

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

Mailing Address 4200 MASSACHUSETTS AVENUE NW
NUMBER 312

City State Zip Code
WASHINGTON DC 20016-4744

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

Name of Employer Occupation
THE EUDY COMPANY CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.71913

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
MR. JOHN P. EVANS

Mailing Address 271 WEEKS LANDING RD.

City State Zip Code
CAMERON SC 29030-8201

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

Name of Employer Occupation
C. F. EVANS AND CO. GENERAL CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.69283

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional).....▶ 7400.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. ROBERT A. EVANS

Mailing Address **625 SOUTH LINDEN AVENUE**

City **PITTSBURGH** State **PA** Zip Code **15208-2812**

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

Name of Employer **ORACLE CORP.** Occupation **COMMUNICATIONS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69215

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address **21510 ROSCOE BLVD.**

City **CANOGA PARK** State **CA** Zip Code **91304-4144**

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

Name of Employer **CALIFORNIA HOME BUILDERS** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.72809

Date of Receipt
M M / D D / Y Y Y Y
05 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. JAMES K. EWART

Mailing Address **101 TRADE ZONE DRIVE SUITE 16A**

City **WEST COLUMBIA** State **SC** Zip Code **29170-3912**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69649

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **4700.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JAY W. FAISON

Mailing Address 1355 GREENWOOD CLFS
STE 301

City CHARLOTTE State NC Zip Code 28204-2981

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

Name of Employer CLEAR PATH FOUNDATION Occupation MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67106

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
CARL O. FALK

Mailing Address 202 SEA OATS CIR.

City PAWLEYS ISLAND State SC Zip Code 29585-5128

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.586

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MARCIA G. FALK

Mailing Address 202 SEA OATS CIR.

City PAWLEYS ISLAND State SC Zip Code 29585-5128

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

Name of Employer FALK-GRIFFIN FOUNDATION Occupation PHILANTHROPIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1858

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 8100.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DANIEL S. FARB

Mailing Address **21 PUDDINGSTONE LN**

City **NEWTON CENTER** State **MA** Zip Code **02459-3446**

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

Name of Employer **HIGHFIELDS CAPITAL** Occupation **ANALYST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.737

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

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

Mailing Address **1606 SCOTLAND AVENUE**

City **CHARLOTTE** State **NC** Zip Code **28207-2638**

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 ▼
350.00

Transaction ID : SA17.71458

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

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

Mailing Address **1606 SCOTLAND AVENUE**

City **CHARLOTTE** State **NC** Zip Code **28207-2638**

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 ▼
350.00

Transaction ID : SA17.71744

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1350.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JAMES FAULKENBERRY

Mailing Address 3404 HENBET DR.

City State Zip Code
WEST COLUMBIA SC 29169-3485

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.72734

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
200.00

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

Mailing Address 3404 HENBET DR.

City State Zip Code
WEST COLUMBIA SC 29169-3485

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.96

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR. PETER FAWCETT

Mailing Address 5045 QUAIL LN

City State Zip Code
COLUMBIA SC 29206-4626

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68788

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 2950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JAMES W. FAYSSOUX JR.

Mailing Address 209 E WASHINGTON ST

City State Zip Code
GREENVILLE SC 29601-2835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FAYSSOUX LAW FIRM ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3600.00

Transaction ID : SA17.919

Date of Receipt
MM / DD / YYYY
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

REFUND ISSUED ON 7/15/2015

B. Full Name (Last, First, Middle Initial)
JAMES W. FAYSSOUX JR.

Mailing Address 209 E WASHINGTON ST

City State Zip Code
GREENVILLE SC 29601-2835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FAYSSOUX LAW FIRM ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3600.00

Transaction ID : SA17.979

Date of Receipt
MM / DD / YYYY
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
JAMES W. FAYSSOUX SR.

Mailing Address 209 E WASHINGTON ST

City State Zip Code
GREENVILLE SC 29601-2835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.291

Date of Receipt
MM / DD / YYYY
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 4600.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. GARY FEARS

Mailing Address **INFO REQUESTED**

City State Zip Code
INFO REQUESTED

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67149

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JOSHUA FEDER

Mailing Address **12615 PREGO CT**

City State Zip Code
SAN DIEGO CA 92130-2461

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71835

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES FEI

Mailing Address **4360 CORPORATE RD**

City State Zip Code
CHARLESTON SC 29405-7439

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LIFE CYCLE ENGINEERING CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.344

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ **5800.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PATRICIA FEI

Mailing Address 4360 CORPORATE RD

City CHARLESTON State SC Zip Code 29405-7439

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC AUTOMOBILE DEALER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1034

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
WALTER FEINBLUM

Mailing Address 120 S. JUNE ST.

City LOS ANGELES State CA Zip Code 90004-1044

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CARL K. GUMPert INC CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72802

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MICHAEL FELDER

Mailing Address 214 KALMIA DRIVE

City COLUMBIA State SC Zip Code 29205-3540

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA UNIVERSITY PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71482

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MICHAEL FELDER

Mailing Address 214 KALMIA DRIVE

City State Zip Code
COLUMBIA SC 29205-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIVERSITY OF SOUTH CAROLINA AT COLL UNIVERSITY PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.71750

Date of Receipt
M M / D D / Y Y Y Y
06 / 21 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ERIC FELDSTEIN

Mailing Address 200 VESEY ST
FL 34

City State Zip Code
NEW YORK NY 10285-1000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AMERICAN EXPRESS BUSINESS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1209

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. PAUL M. FELIX

Mailing Address 2351 BULL SWAMP ROAD

City State Zip Code
NORTH SC 29112-8462

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALAGLASS POOLS CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69452

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 3950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DAVID E. FELKEL

Mailing Address P.O. BOX 547

City State Zip Code
BAMBERG SC 29003-0547

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EDISTO ELECTRIC COOP., INC. PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.68829

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MR. JERROLD S. FELSENTHAL

Mailing Address 9201 WILSHIRE BLVD. #301

City State Zip Code
BEVERLY HILLS CA 90210-5514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FELSENTHAL PROPERTY MGMT., INC. REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.115

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. JERROLD S. FELSENTHAL

Mailing Address 9201 WILSHIRE BLVD. #301

City State Zip Code
BEVERLY HILLS CA 90210-5514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FELSENTHAL PROPERTY MGMT., INC. REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67103

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
4400.00

SEE REATTRIBUTION

Subtotal Of Receipts This Page (optional)..... **7400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JERROLD S. FELSENTHAL

Mailing Address 9201 WILSHIRE BLVD. #301

City State Zip Code
BEVERLY HILLS CA 90210-5514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FELSENTHAL PROPERTY MGMT., INC. REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67103B

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
JUDITH FELSENTHAL

Mailing Address 9201 WILSHIRE BLVD. #301

City State Zip Code
BEVERLY HILLS CA 90210-5514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69740

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
MR. FRANCIS M. FELTHAM

Mailing Address 456 BUNCOMBE ST.

City State Zip Code
EDGEFIELD SC 29824-1013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69274

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MAURICE FERREE

Mailing Address 210 STRAWBERRY LANE

City State Zip Code
CLEMSON SC 29631-1363

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71853

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CHRISTIAN FERRY

Mailing Address 8424 STABLE DRIVE

City State Zip Code
ALEXANDRIA VA 22308-2240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE TRAILBLAZER GROUP LLC PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69253

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ART W. FIELDS

Mailing Address 2210 ROSWELL AVE APT 403

City State Zip Code
CHARLOTTE NC 28207-3707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1633

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JOHN W. FIELDS

Mailing Address 10 COMMONS BLVD

City State Zip Code
SENECA SC 29678-2666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FIELDS & MCLAURIN ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Transaction ID : SA17.1916

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. JOHN W. FIELDS

Mailing Address 10 COMMONS BLVD

City State Zip Code
SENECA SC 29678-2666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FIELDS & MCLAURIN ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Transaction ID : SA17.68972

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
RONALD H. FIELDING

Mailing Address 42 SURFSONG RD.

City State Zip Code
KIAWAH ISLAND SC 29455-5753

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.72814

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 3250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DONALD FINKELL

Mailing Address **201 RIVERPLACE WAY**
805

City **GREENVILLE** State **SC** Zip Code **29601-2590**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AMERICAN OEM** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71862

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. KIRKMAN FINLEY III

Mailing Address **102 HAMPTON PLACE**

City **COLUMBIA** State **SC** Zip Code **29209-1318**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69621

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BRETT FLASHNIK

Mailing Address **PO BOX 210762**

City **COLUMBIA** State **SC** Zip Code **29221-**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FLASHNIK VISUALS, LLC** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
440.00

Transaction ID : SA17.68252

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
440.00

IN-KIND: PHOTOGRAPHY

Subtotal Of Receipts This Page (optional)..... **2440.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DAVID M. FLAUM

Mailing Address **220 SANDRINGHAM RD**

City **ROCHESTER** State **NY** Zip Code **14610-3458**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FLAUM MANAGEMENT CO.** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1623

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BARRY FLEISHMAN

Mailing Address **18242 WICKHAM ROAD**

City **OLNEY** State **MD** Zip Code **20832-3101**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KILPATRICK TOWNSEND** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3200.00

Transaction ID : SA17.71830

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
BARRY FLEISHMAN

Mailing Address **18242 WICKHAM ROAD**

City **OLNEY** State **MD** Zip Code **20832-3101**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KILPATRICK TOWNSEND** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3200.00

Transaction ID : SA17.71903

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **4200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PETER R. O. FLEISS

Mailing Address 200 CLARENDON ST

City State Zip Code
BOSTON MA 02116-5021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HIGHFIELDS CAPITAL FINANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.259

Date of Receipt
MM / DD / YYYY
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM L. FLEMING

Mailing Address 606 LAKESHORE DRIVE

City State Zip Code
BENNETTSVILLE SC 29512-2516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MARLBORO ELECTRIC COOP PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68839

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
STEPHEN FLIPPIN

Mailing Address 1809 S OAKLAND ST

City State Zip Code
ARLINGTON VA 22204-5138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CSX TRANSPORTATION DIRECTOR FEDERAL AFFAIRS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.764

Date of Receipt
MM / DD / YYYY
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)

DR. JOSEPH F. FLOWERS

Mailing Address 107 CHURCH ST

City State Zip Code
WALTERBORO SC 29488-2901

FEC ID number of contributing federal political committee.

Name of Employer Occupation
WALTERBORO FAMILY PRACTICE PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69641

Date of Receipt

/ /

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

C. EDWARD FLOYD

Mailing Address 518 ROSEWOOD DR

City State Zip Code
FLORENCE SC 29501-5456

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FLOYD MEDICAL ASSOCIATES SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.332

Date of Receipt

/ /

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

KAREN FLOYD

Mailing Address 113 W MAIN ST

City State Zip Code
SPARTANBURG SC 29306-2305

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PALLADIAN GROUP PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1112

Date of Receipt

/ /

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DEDE FORD

Mailing Address 22311 HIGHWAY 10

City State Zip Code
LITTLE ROCK AR 72223-4449

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1145

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
JO ELLEN FORD

Mailing Address 2500 N JACKSON ST

City State Zip Code
LITTLE ROCK AR 72207-3718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1772

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
JOE T. FORD

Mailing Address 900 S SHACKLEFORD RD
STE 200

City State Zip Code
LITTLE ROCK AR 72211-3847

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WESTROCK GROUP, LLC CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1721

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ 7800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
SAM FORD

Mailing Address 22311 HIGHWAY 10

City	State	Zip Code
LITTLE ROCK	AR	72223-4449

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WESTROCK GROUP, LLC	VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1621

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
SCOTT T. FORD

Mailing Address 22311 HIGHWAY 10

City	State	Zip Code
LITTLE ROCK	AR	72223-4449

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WESTROCK CAPITAL PARTNERS, LLC	PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1638

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
SCOTT T. FORD

Mailing Address 22311 HIGHWAY 10

City	State	Zip Code
LITTLE ROCK	AR	72223-4449

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WESTROCK CAPITAL PARTNERS, LLC	PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.411

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

REFUND ISSUED ON 7/15/2015

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ALEX FORSCHNER

Mailing Address **6 SPRING DALE RD.**

City State Zip Code
SCARSDALE NY 10583-7321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.72819

Date of Receipt
M M / D D / Y Y Y Y
05 08 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
EDWARD FORT

Mailing Address **PO BOX**

City State Zip Code
HORATIO SC 29602-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.285

Date of Receipt
M M / D D / Y Y Y Y
03 03 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
LEO FORTIN

Mailing Address **40 BEACON RIDGE CIRCLE**

City State Zip Code
SALEM SC 29676-4505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71785

Date of Receipt
M M / D D / Y Y Y Y
06 02 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **5550.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LEO FORTIN

Mailing Address **40 BEACON RIDGE CIRCLE**

City State Zip Code
SALEM SC 29676-4505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71786

Date of Receipt
M M / D D / Y Y Y Y
06 26 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MRS. PATRICIA H. FORTSON

Mailing Address **112 BEAVER RIDGE DR.**

City State Zip Code
ELGIN SC 29045-8210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.69360

Date of Receipt
M M / D D / Y Y Y Y
06 29 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RAZE M. FOSTER

Mailing Address **7616 STONEHAVEN DR.**

City State Zip Code
NORTH CHARLESTON SC 29420-8807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.1097

Date of Receipt
M M / D D / Y Y Y Y
03 03 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **600.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RAZE M. FOSTER

Mailing Address 7616 STONEHAVEN DR.

City State Zip Code
NORTH CHARLESTON SC 29420-8807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71295

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
RAZE M. FOSTER

Mailing Address 7616 STONEHAVEN DR.

City State Zip Code
NORTH CHARLESTON SC 29420-8807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71608

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
ALAN FRANCO

Mailing Address 524 METAIRIE RD

City State Zip Code
METAIRIE LA 70005-4308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAGNOLIA MARKETING LLC PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.606

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional).....▶ 2150.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. LESLIE FRANK

Mailing Address 12753 MULLHOLLAND DRIVE

City	State	Zip Code
BEVERLY HILLS	CA	90210-1330

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FRANK FAMILY VINEYARDS	PROPRIETOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68910

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
MR. RICHARD H. FRANK

Mailing Address 12753 MULHOLLAND DR

City	State	Zip Code
BEVERLY HILLS	CA	90210-1330

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FRANK FAMILY VINEYARDS	WINERY OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.68911

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
MR. RICHARD H. FRANK

Mailing Address 12753 MULHOLLAND DR

City	State	Zip Code
BEVERLY HILLS	CA	90210-1330

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FRANK FAMILY VINEYARDS	WINERY OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.71892

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional).....▶ 8100.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ALIX FRANZBLAU

Mailing Address **644 HUDSON AVENUE**

City State Zip Code
TAMPA FL 33606-3927

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THOMPSON & COMPANY OF TAMPA, INC. PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.67144

Date of Receipt
M M / D D / Y Y Y Y
06 10 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. CHARLES A. FRANZBLAU

Mailing Address **5401 HANGAR COURT**

City State Zip Code
TAMPA FL 33634-5341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THOMPSON & COMPANY OF TAMPA, INC. PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.67143

Date of Receipt
M M / D D / Y Y Y Y
06 10 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT MARK FRANZBLAU

Mailing Address **5401 HANGAR COURT**

City State Zip Code
TAMPA FL 33634-5341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THOMPSON & COMPANY OF TAMPA, INC. OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.67128

Date of Receipt
M M / D D / Y Y Y Y
06 10 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **3000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CHRIS FRASER

Mailing Address **4 OLD SUMMER HOUSE ROAD**

City State Zip Code
CHARLESTON SC 29412-3212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.72738

Date of Receipt
M M / D D / Y Y Y Y
05 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOSEPH B. FRASER III

Mailing Address **51 MYRTLE ISLAND RD**

City State Zip Code
BLUFFTON SC 29910-7109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FRASER CONSTRUCTION, INC. CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1116

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MS. ANNE FRAZIER-MELTON

Mailing Address **5 HOLLYHILL COURT**

City State Zip Code
IRMO SC 29063-8266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Transaction ID : SA17.1719

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1500.00

Subtotal Of Receipts This Page (optional).....▶ **2750.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MS. ANNE FRAZIER-MELTON

Mailing Address **5 HOLLYHILL COURT**

City State Zip Code
IRMO SC 29063-8266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5500.00

Transaction ID : SA17.68964

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MS. ANNE FRAZIER-MELTON

Mailing Address **5 HOLLYHILL COURT**

City State Zip Code
IRMO SC 29063-8266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5500.00

Transaction ID : SA17.68964B

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2700.00

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
MS. ANNE FRAZIER-MELTON

Mailing Address **5 HOLLYHILL COURT**

City State Zip Code
IRMO SC 29063-8266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5500.00

Transaction ID : SA17.69754

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

Subtotal Of Receipts This Page (optional)..... **2700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MS. ANNE FRAZIER-MELTON

Mailing Address **5 HOLLYHILL COURT**

City State Zip Code
IRMO SC 29063-8266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5500.00

Transaction ID : SA17.69263

Date of Receipt
M M / D D / Y Y Y Y
06 29 2015

CONTRIBUTION

Amount of Each Receipt this Period
1300.00

\$100 SPOUSE REATTRIBUTION REQUESTED 6/29/15

B. Full Name (Last, First, Middle Initial)
STEVEN FREDMAN

Mailing Address **49 STANDISH DR**

City State Zip Code
SCARSDALE NY 10583-6829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SCHULTE, ROTH, & ZABEL ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.911

Date of Receipt
M M / D D / Y Y Y Y
03 03 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JODI FREIBURGER

Mailing Address **11 TROPICANA COURT**

City State Zip Code
GREENVILLE SC 29609-6240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.69807

Date of Receipt
M M / D D / Y Y Y Y
06 30 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

Subtotal Of Receipts This Page (optional)..... **4800.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DONNA FRIEDMAN

Mailing Address 100 HADDRELL ST

City State Zip Code
MOUNT PLEASANT SC 29464-4305

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.266

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. MARK FRIEDMAN

Mailing Address 46 ROCKLEDGE DR.

City State Zip Code
LIVINGSTON NJ 07039-1902

FEC ID number of contributing federal political committee.

Name of Employer Occupation
S. ROTHSCHILD SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69294

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
RANDOLPH J. FRIEDMAN

Mailing Address 100 HADDRELL ST

City State Zip Code
MOUNT PLEASANT SC 29464-4305

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FRIEDMAN CAPITAL MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.104

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ROBERT GANDER

Mailing Address **18233 8TH AVENUE SW**

City	State	Zip Code
NORMANDY PARK	WA	98166-3803

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **2700.00**

Transaction ID : SA17.71902

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ **2700.00**

B. Full Name (Last, First, Middle Initial)
CARLOS GARCIA

Mailing Address **109 FOXHOUND RUN ROAD**

City	State	Zip Code
AIKEN	SC	29803-1614

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RCS CORPORATION	FOUNDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **500.00**

Transaction ID : SA17.72758

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			12			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ **500.00**

C. Full Name (Last, First, Middle Initial)
FREDERIC H. GARNER

Mailing Address **518 HERMITAGE RD**

City	State	Zip Code
CHARLOTTE	NC	28207-1844

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PIPAR JAFFRAY & CO.	INVESTMENT BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **500.00**

Transaction ID : SA17.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ **500.00**

Subtotal Of Receipts This Page (optional).....▶ _____ **3700.00**

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. RANDY GARRETT

Mailing Address P.O. BOX 15

City State Zip Code
LAURENS SC 29360-0015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LAURENS ELECTRIC COOPERATIVE INC. DIRECTOR OF GOVERNMENT AFFAIRS

Receipt For: 2016
 Primary General
 Other (specify) **250.00**

Transaction ID : SA17.68830

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PAUL GARRIDO

Mailing Address 2 AVERY ST
APT 34F

City State Zip Code
BOSTON MA 02111-1019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MERRILL LYNCH/BANK OF AMERICA SENIOR VICE PRESIDENT-WEALTH MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) **1000.00**

Transaction ID : SA17.1042

Date of Receipt
MM / DD / YYYY
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. ARTHUR GARTLAND JR.

Mailing Address 3 MOSS HAMMOCK LANE

City State Zip Code
SAVANNAH GA 31411-2509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) **1000.00**

Transaction ID : SA17.69540

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **2250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BRENT GASAWAY

Mailing Address **2 SELLETTE CT**

City State Zip Code
LITTLE ROCK AR 72223-5948

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED BOARD MEMBER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1874

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
SHARILYN GASAWAY

Mailing Address **2 SELLETTE CT**

City State Zip Code
LITTLE ROCK AR 72223-5948

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALLTEL CFO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1871

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
CAROL GEISENHEIMER

Mailing Address **P.O. BOX 512**

City State Zip Code
TENAFLY NJ 07670-0512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71839

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **5700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. SETH GELBER

Mailing Address **11 PARKER TERRACE**

City **NEWTON CENTER** State **MA** Zip Code **02459-2723**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FIRST MARBLEHEAD** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1805

Date of Receipt
 M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. SETH GELBER

Mailing Address **11 PARKER TERRACE**

City **NEWTON CENTER** State **MA** Zip Code **02459-2723**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FIRST MARBLEHEAD** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.575

Date of Receipt
 M M / D D / Y Y Y Y
04 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. SETH GELBER

Mailing Address **11 PARKER TERRACE**

City **NEWTON CENTER** State **MA** Zip Code **02459-2723**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FIRST MARBLEHEAD** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67108

Date of Receipt
 M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

SEE REATTRIBUTION

Subtotal Of Receipts This Page (optional).....▶ **3000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
HELENE GELBER

Mailing Address **11 PARKER TERRACE**

City **NEWTON CENTER** State **MA** Zip Code **02459-2723**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Transaction ID : SA17.69686

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period **300.00**

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
MR. SETH GELBER

Mailing Address **11 PARKER TERRACE**

City **NEWTON CENTER** State **MA** Zip Code **02459-2723**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FIRST MARBLEHEAD** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2700.00**

Transaction ID : SA17.67108B

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period **-300.00**

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
ROBIN GELLES

Mailing Address **P.O. BOX 280186**

City **EAST HARTFORD** State **CT** Zip Code **06128-0186**

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 ▼ **250.00**

Transaction ID : SA17.71

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period **250.00**

Subtotal Of Receipts This Page (optional).....▶ **250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ARIE GENGER

Mailing Address 17001 COLLINS AVE., APT. 1104

City State Zip Code
NEW YORK FL 33160-3646

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1880

Date of Receipt
MM / DD / YYYY
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. STEVEN M. GERSTEN

Mailing Address 19103 CENTRE ROSE BLVD

City State Zip Code
LUTZ FL 33558-9015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAPITAL MARKETS GROUP INVESTOR RELATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.67129

Date of Receipt
MM / DD / YYYY
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. STEVEN M. GERSTEN

Mailing Address 19103 CENTRE ROSE BLVD

City State Zip Code
LUTZ FL 33558-9015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAPITAL MARKETS GROUP INVESTOR RELATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.70845

Date of Receipt
MM / DD / YYYY
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ 2975.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. STEVEN M. GERSTEN

Mailing Address 19103 CENTRE ROSE BLVD

City LUTZ	State FL	Zip Code 33558-9015
--------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer CAPITAL MARKETS GROUP	Occupation INVESTOR RELATIONS
---	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72456

Date of Receipt

M M / D D / Y Y Y Y
05 / 21 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="25.00"/>

B. Full Name (Last, First, Middle Initial)
DARRELL GIBBS

Mailing Address 402 E 2ND AVE

City EASLEY	State SC	Zip Code 29640-3010
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer GIBBS REALTY AND AUCTION CO., INC.	Occupation REAL ESTATE BROKER
--	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.643

Date of Receipt

M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial)
TRACIE GIBLER

Mailing Address 225 PRAIRIE VIEW DR
APT 9324

City WEST DES MOINES	State IA	Zip Code 50266-7133
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer LINDSEY GRAHAM 2016	Occupation IOWA STATE DIRECTOR
---	-----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69473

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
THOMAS GILMAN

Mailing Address P.O. BOX 25025

City	State	Zip Code
CHRISTIANSTED	VI	00824-1025

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
FINANCIAL MANAGEMENT SOLUTIONS, INC.	FINANCIAL EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71894

Date of Receipt
M M / D D / Y Y Y Y
 / /

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
KENNETH GLUECK

Mailing Address 7122 DEER VALLEY RD.

City	State	Zip Code
HIGHLAND	MD	20777-9512

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ORACLE	SOFTWARE DESIGNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69225

Date of Receipt
M M / D D / Y Y Y Y
 / /

CONTRIBUTION

Amount of Each Receipt this Period

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
DOUGLAS J. GOLD

Mailing Address 15501 MORRISON ST

City	State	Zip Code
SHERMAN OAKS	CA	91403-1048

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RICHARDSON & PATEL LLP	COO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.481

Date of Receipt
M M / D D / Y Y Y Y
 / /

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KENNETH E. GOLDBERG

Mailing Address **4 ROBLEDO DR**

City	State	Zip Code
DALLAS	TX	75230-3059

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.1592

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
KENNETH E. GOLDBERG

Mailing Address **4 ROBLEDO DR**

City	State	Zip Code
DALLAS	TX	75230-3059

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.680

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KENNETH E. GOLDBERG

Mailing Address **4 ROBLEDO DR**

City	State	Zip Code
DALLAS	TX	75230-3059

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.72764

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **1500.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MARC GOLDMAN

Mailing Address **P.O. BOX 8020**

City	State	Zip Code
GARDEN CITY	NY	11530-8020

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1921

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JAMIE GOLDSTEIN

Mailing Address **788 NE 39TH ST**

City	State	Zip Code
BOCA RATON	FL	33431-6145

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.1120

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
ADEAN GOLUB

Mailing Address **4165 OLD ADOBE RD**

City	State	Zip Code
PALO ALTO	CA	94306-

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68289

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **4000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ANNE GOODMAN

Mailing Address 4610 CRESTWOOD DR

City State Zip Code
LITTLE ROCK AR 72207-5434

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1328

Date of Receipt
MM / DD / YYYY
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
STEVEN GORDON

Mailing Address 9990 S SANTA MONICA BLVD

City State Zip Code
BEVERLY HILLS CA 90212-1607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DOMINO REALTY CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69469

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. JAY GOULD

Mailing Address 363 E. 76TH STREET APT. 10F

City State Zip Code
NEW YORK NY 10021-2433

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAJESTIC PROPERTY REAL ESTATE CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.67224

Date of Receipt
MM / DD / YYYY
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 6300.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. LARRY R. GRACE

Mailing Address **3 CHERRY HILLS FARM COURT**

City State Zip Code
CHERRY HILLS VILLAGE CO 80113-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69652

Date of Receipt
M M / D D / Y Y Y Y
06 30 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. BEN GRAMLING III

Mailing Address **502 KING ST
FL 3**

City State Zip Code
CHARLESTON SC 29403-5595

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GRAMLING BROTHERS, INC. REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68962

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LAWRENCE D. GREENBERG

Mailing Address **4 NOTTINGHAM LN**

City State Zip Code
WESTON MA 02493-1344

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALYDAR CAPITAL MONEY MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.926

Date of Receipt
M M / D D / Y Y Y Y
04 24 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **4200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RUSSELL JAY GREENBERG

Mailing Address 15 MICHAELS WAY

City WESTON State CT Zip Code 06883-1600

FEC ID number of contributing federal political committee.

Name of Employer ALTUS CAPITAL PARTNERS Occupation INVESTMENT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.936

Date of Receipt
MM / DD / YYYY
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
RICHARD K. GREGORY

Mailing Address 36 HASELL ST

City CHARLESTON State SC Zip Code 29401-1627

FEC ID number of contributing federal political committee.

Name of Employer HQ CMMC, LLC Occupation SHIPYARD MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1491

Date of Receipt
MM / DD / YYYY
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. THOMAS L. GREGORY

Mailing Address 816 GREGG ST

City COLUMBIA State SC Zip Code 29201-3926

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68969

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 217 / 893

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)

JOSEPH P. GRIFFITH JR.

Mailing Address 7 STATE ST

City	State	Zip Code
CHARLESTON	SC	29401-3008

FEC ID number of contributing federal political committee.

C

Name of Employer
JOE GRIFFITH LAW FIRM, LLCOccupation
ATTORNEY

Receipt For: 2016

 Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼

2600.00

Transaction ID : SA17.215

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2600.00

B. Full Name (Last, First, Middle Initial)

MELANIE M. GRIFFITH

Mailing Address 946 JOHNNIE DODDS BLVD

City	State	Zip Code
MOUNT PLEASANT	SC	29464-3105

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2016

 Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼

2600.00

Transaction ID : SA17.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2600.00

C. Full Name (Last, First, Middle Initial)

ROGER E. GRIGG

Mailing Address 302 WILDWOOD DUNES TRL

City	State	Zip Code
MYRTLE BEACH	SC	29572-4749

FEC ID number of contributing federal political committee.

C

Name of Employer
LEONARD, GRIGG & ASSOCIATESOccupation
REAL ESTATE DEVELOPER

Receipt For: 2016

 Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17.886

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			17			2015			

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....

6200.00

Total This Period (last page this line number only).....

2600.00

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BENJAMIN C. GRINER

Mailing Address **161 MANVILLE AVE**

City **BARNWELL** State **SC** Zip Code **29812-1591**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.177

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. DIETRICH M. GROSS

Mailing Address **4825 N. SCOTT STREET, SUITE 200**

City **SCHILLER PARK** State **IL** Zip Code **60176-1210**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69644

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ERIC GRUMAN

Mailing Address **3400 W. KENNEDY BLVD.**

City **TAMPA** State **FL** Zip Code **33609-2906**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ASF**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72777

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			18			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JACK J. GRYNBERG

Mailing Address **3600 S. YOSEMITE STREET SUITE 900**

City **DENVER** State **CO** Zip Code **80237-1830**

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69650

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH H. GUILLEM

Mailing Address **5920 LAKESHORE**

City **COLUMBIA** State **SC** Zip Code **29206-4328**

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.116

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
ELIZABETH H. GUILLEM

Mailing Address **5920 LAKESHORE**

City **COLUMBIA** State **SC** Zip Code **29206-4328**

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.338

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ **1150.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ELIZABETH H. GUILLEM

Mailing Address 5920 LAKESHORE

City State Zip Code
COLUMBIA SC 29206-4328

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.429

Date of Receipt
M M / D D / Y Y Y Y
05 08 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH H. GUILLEM

Mailing Address 5920 LAKESHORE

City State Zip Code
COLUMBIA SC 29206-4328

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71161

Date of Receipt
M M / D D / Y Y Y Y
06 01 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
JEFFREY ROSS GUNTER

Mailing Address 230 N ROCKINGHAM AVE

City State Zip Code
LOS ANGELES CA 90049-2634

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1865

Date of Receipt
M M / D D / Y Y Y Y
03 03 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 2800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL HACKMAN

Mailing Address 11111 SANTA MONICA BLVD.
STE. 700

City State Zip Code
LOS ANGELES CA 90025-3341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HACKMAN CAPITAL PARTNERS PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) **5400.00**

Transaction ID : SA17.630

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL HACKMAN

Mailing Address 11111 SANTA MONICA BLVD.
STE. 700

City State Zip Code
LOS ANGELES CA 90025-3341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HACKMAN CAPITAL PARTNERS PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) **5400.00**

Transaction ID : SA17.67102

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
MR. EDWARD F. HADDOCK JR.

Mailing Address 3300 UNIVERSITY BLVD. STE. 218

City State Zip Code
WINTER PARK FL 32792-7435

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) **2700.00**

Transaction ID : SA17.69810

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **8100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DAVID J. HAGER

Mailing Address **173 S HUDSON AVE**

City **LOS ANGELES** State **CA** Zip Code **90004-1033**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HAGER PACIFIC** Occupation **REAL ESTATE INVESTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.40

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MR. JOHN A. HAGINS JR.

Mailing Address **1111 WEMBLEY ROAD**

City **GREENVILLE** State **SC** Zip Code **29607-3374**

FEC ID number of contributing federal political committee. **C**

Name of Employer **COVINGTON PATRICK HAGINS LEWIS** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69444

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. DEXTER HAGY

Mailing Address **8 CATESBY VALE**

City **GREENVILLE** State **SC** Zip Code **29605-3104**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SOMA ACCESS SYSTEMS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69677

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **5200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PETER C. HAINES

Mailing Address 507 MALLARD DR

City State Zip Code
CHAPIN SC 29036-8268

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HEALING WATERS PLASTIC SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.72761

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. BRIAN HALL

Mailing Address 219 NEELY ROAD

City State Zip Code
CLOVER SC 29710-1242

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
M.L. FORD & SONS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69616

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
EDMUND HALL

Mailing Address 726 FRONTIER ROAD

City State Zip Code
CLOVER SC 29710-7705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HARRIS CRANE, INC. COMMODITY BROKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71810

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KEVIN A. HALL

Mailing Address **215 SOUTHWOOD DR**

City **COLUMBIA** State **SC** Zip Code **29205-3221**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WOMBLE CARLYLE SANDRIDGE ET AL** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
WILLIAM HALL

Mailing Address **320 OLD ANDERSON ROAD WEST**

City **GREENVILLE** State **SC** Zip Code **29611-7636**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BENTON & PARKER INSURANCE SERVICES** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.72765

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			21			2015			

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
STEVEN HAMM

Mailing Address **917 HANCOCK STREET**

City **COLUMBIA** State **SC** Zip Code **29205-4625**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RICHARDSON PLOWDEN LAW FIRM** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.71895

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **5800.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. ALVIN HAMMER

Mailing Address **68 LENWOOD BLVD.**

City	State	Zip Code
CHARLESTON	SC	29401-2339

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5000.00

Transaction ID : SA17.68974

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 5000.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

B. Full Name (Last, First, Middle Initial)
ROBERT A. HAMMEL

Mailing Address **1523 HAMPTON RD**

City	State	Zip Code
ALLENTOWN	PA	18104-2064

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.657

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			07			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
ROBERT A. HAMMEL

Mailing Address **1523 HAMPTON RD**

City	State	Zip Code
ALLENTOWN	PA	18104-2064

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.71805

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			13			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 6000.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. WARREN B. HAMRICK

Mailing Address 936 US 64/74 A. HWY

City State Zip Code
RUTHERFORDTON NC 28139-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.68749

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT L. HANLIN

Mailing Address P.O. BOX 855

City State Zip Code
CHARLESTON SC 29402-0855

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17.579

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT L. HANLIN

Mailing Address P.O. BOX 855

City State Zip Code
CHARLESTON SC 29402-0855

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17.67010

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 3250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
YING XUE HAO

Mailing Address 11795 KING RD

City	State	Zip Code
ROSWELL	GA	30075-1440

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GREENVILLE ENERGY & RESEARCH	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1249

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. NORMAN HARBERGER

Mailing Address 22 OYSTER LANDING RD

City	State	Zip Code
HILTON HEAD	SC	29928-7102

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SEA PINES RECREATION	CHAIRMAN OF THE BOARD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67980

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
BENJY A. HARDEE

Mailing Address 55 PARK STREET EXT

City	State	Zip Code
LITTLE RIVER	SC	29566-7818

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
A.O. HARDEE & SON, INC	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.642

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LYNDA HARDEE

Mailing Address 1706 MAGNOLIA DR

City State Zip Code
NORTH MYRTLE BEACH SC 29582-6130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.362

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DR. GERALD E. HARMON

Mailing Address 117 SHEARWATER CT

City State Zip Code
GEORGETOWN SC 29440-7072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GHG PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.192

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

REFUND ISSUED ON 7/15/2015

C. Full Name (Last, First, Middle Initial)
JULIE HAROUN

Mailing Address 18 COMPO PKWY

City State Zip Code
WESTPORT CT 06880-6520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WESTPORT RESIDENTIAL DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.868

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 9100.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
OLIVER HARPER

Mailing Address **7251 N CENTRAL AVE**

City State Zip Code
PHOENIX AZ 85020-4850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE M.D.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71874

Date of Receipt
M M / D D / Y Y Y Y
06 02 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. KEN W. HARRELL

Mailing Address **5861 RIVERS AVENUE**

City State Zip Code
NORTH CHARLESTON SC 29406-6073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JOYE LAW FIRM ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.67142

Date of Receipt
M M / D D / Y Y Y Y
06 10 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BEN C. HARRISON

Mailing Address **1369 WALNUT GROVE RD**

City State Zip Code
ROEBUCK SC 29376-3721

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HARRISON ,WHITE, SMITH, ET AL. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1086

Date of Receipt
M M / D D / Y Y Y Y
02 05 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional)..... **4600.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. BRET JOSEPH HARRIS

Mailing Address **219 KENWOOD DRIVE**

City **LEXINGTON** State **SC** Zip Code **29072-8894**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68797

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. LEWIS HARRISON

Mailing Address **P.O. BOX 226**

City **REOBUCK** State **SC** Zip Code **29376-0226**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WALNUT GROVE AUCTIONS** Occupation **BUSINESS/SALES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68881

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
LINDA A. HARRISON

Mailing Address **1369 WALNUT GROVE RD**

City **ROEBUCK** State **SC** Zip Code **29376-3721**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.951

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DONALD HART

Mailing Address 3020 NE 32 AVE
1425

City State Zip Code
FORT LAUDERDALE FL 33308-7221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GCAP REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17.1655

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DONALD HART

Mailing Address 3020 NE 32 AVE
1425

City State Zip Code
FORT LAUDERDALE FL 33308-7221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GCAP REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17.71861

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM L. HART

Mailing Address 212 MAPLE RIDGE RD

City State Zip Code
BLYTHEWOOD SC 29016-8392

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FAIRFIELD ELECTRIC CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.68822

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional).....▶ 3250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DR. DAN HARTLEY

Mailing Address 103 CALVERT AVE

City State Zip Code
CLINTON SC 29325-2514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1905

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SHARON HARVEY

Mailing Address 2527 W PRESERVE WAY

City State Zip Code
PHOENIX AZ 85085-5064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71783

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. WALTER D. HARVEY

Mailing Address 1162 FLORENCE ROAD

City State Zip Code
LIVERMORE CA 94550-5545

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68451

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DALE R. HAWK

Mailing Address 147 WATER OAK DR

City State Zip Code
PONTE VEDRA BEACH FL 32082-3040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RJ CORMAN RAILROAD GROUP RAILROAD EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) **1500.00**

Transaction ID : SA17.129

Date of Receipt
MM / DD / YYYY
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
MR. DENNIS L. HAYES

Mailing Address 464 CHERRY BLOSSOM LOOP

City State Zip Code
RICHLAND WA 99352-7851

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WASHINGTON GROUP INTERNATIONAL PROJECT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) **500.00**

Transaction ID : SA17.69678

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
FORREST HAYES

Mailing Address 56 WEXFORD ON THE GREEN

City State Zip Code
HILTON HEAD ISLAND SC 29928-6125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) **600.00**

Transaction ID : SA17.1250

Date of Receipt
MM / DD / YYYY
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **2100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
FORREST HAYES

Mailing Address **56 WEXFORD ON THE GREEN**

City	State	Zip Code
HILTON HEAD ISLAND	SC	29928-6125

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17.1309

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	08	/	2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 75.00

B. Full Name (Last, First, Middle Initial)
FORREST HAYES

Mailing Address **56 WEXFORD ON THE GREEN**

City	State	Zip Code
HILTON HEAD ISLAND	SC	29928-6125

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17.1791

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	16	/	2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 25.00

C. Full Name (Last, First, Middle Initial)
FORREST HAYES

Mailing Address **56 WEXFORD ON THE GREEN**

City	State	Zip Code
HILTON HEAD ISLAND	SC	29928-6125

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17.71214

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

Subtotal Of Receipts This Page (optional).....▶ _____ 150.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
FORREST HAYES

Mailing Address **56 WEXFORD ON THE GREEN**

City	State	Zip Code
HILTON HEAD ISLAND	SC	29928-6125

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.71215

Date of Receipt
MM / DD / YYYY
06 / 23 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
FORREST HAYES

Mailing Address **56 WEXFORD ON THE GREEN**

City	State	Zip Code
HILTON HEAD ISLAND	SC	29928-6125

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.71216

Date of Receipt
MM / DD / YYYY
06 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
FORREST HAYES

Mailing Address **56 WEXFORD ON THE GREEN**

City	State	Zip Code
HILTON HEAD ISLAND	SC	29928-6125

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.71217

Date of Receipt
MM / DD / YYYY
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ **150.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
FORREST HAYES

Mailing Address **56 WEXFORD ON THE GREEN**

City	State	Zip Code
HILTON HEAD ISLAND	SC	29928-6125

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.72675

Date of Receipt
MM / DD / YYYY
05 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
FORREST HAYES

Mailing Address **56 WEXFORD ON THE GREEN**

City	State	Zip Code
HILTON HEAD ISLAND	SC	29928-6125

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.876

Date of Receipt
MM / DD / YYYY
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
GREG HAYS

Mailing Address **751 GIN HOUSE CT**

City	State	Zip Code
CHARLESTON	SC	29412-4425

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
GPH CONSULTING	TECHNOLOGY DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.393

Date of Receipt
MM / DD / YYYY
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 300.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
GREG HAYS

Mailing Address 751 GIN HOUSE CT

City	State	Zip Code
CHARLESTON	SC	29412-4425

FEC ID number of contributing federal political committee.

Name of Employer GPH CONSULTING	Occupation TECHNOLOGY DEVELOPMENT
------------------------------------	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71126

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
GREG HAYS

Mailing Address 751 GIN HOUSE CT

City	State	Zip Code
CHARLESTON	SC	29412-4425

FEC ID number of contributing federal political committee.

Name of Employer GPH CONSULTING	Occupation TECHNOLOGY DEVELOPMENT
------------------------------------	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71136

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
GREG HAYS

Mailing Address 751 GIN HOUSE CT

City	State	Zip Code
CHARLESTON	SC	29412-4425

FEC ID number of contributing federal political committee.

Name of Employer GPH CONSULTING	Occupation TECHNOLOGY DEVELOPMENT
------------------------------------	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72544

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			27			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JAMES W. HEAVENER

Mailing Address 3300 UNIVERSITY BLVD. STE. 218

City State Zip Code
WINTER PARK FL 32792-7435

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FULL SAIL UNIVERSITY CO-CHARMAN CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69809

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. CHARLES C. HECKEL

Mailing Address 6705 BROOKFIELD ROAD

City State Zip Code
COLUMBIA SC 29206-2203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.367

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR. CHARLES C. HECKEL

Mailing Address 6705 BROOKFIELD ROAD

City State Zip Code
COLUMBIA SC 29206-2203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.66997

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 2850.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. CHARLES C. HECKEL

Mailing Address **6705 BROOKFIELD ROAD**

City **COLUMBIA** State **SC** Zip Code **29206-2203**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.68611

Date of Receipt
 M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. CHARLES C. HECKEL

Mailing Address **6705 BROOKFIELD ROAD**

City **COLUMBIA** State **SC** Zip Code **29206-2203**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.69302

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
ROBERT HECKMAN

Mailing Address **143 MARTIN LANE**

City **ALEXANDRIA** State **VA** Zip Code **22304-7748**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CAPITAL CITY PARTNERS** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71846

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **1150.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BEN HELLER

Mailing Address P.O. BOX 320866

City ALEXANDRIA State VA Zip Code 22320-4866

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1694

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
BEN HELLER

Mailing Address P.O. BOX 320866

City ALEXANDRIA State VA Zip Code 22320-4866

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69814

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

REDESIGNATION REQUESTED

C. Full Name (Last, First, Middle Initial)
MRS. BETH HELLER

Mailing Address P.O. BOX 320866

City ALEXANDRIA State VA Zip Code 22320-4866

FEC ID number of contributing federal political committee.

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69795

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

REDESIGNATION REQUESTED

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JOSHUA J. HELLER

Mailing Address P.O. BOX 15864

City State Zip Code
WASHINGTON DC 20003-0864

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69815

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
MR. JOSHUA J. HELLER

Mailing Address P.O. BOX 15864

City State Zip Code
WASHINGTON DC 20003-0864

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69815B

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2700.00

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
MR. JOSHUA J. HELLER

Mailing Address P.O. BOX 15864

City State Zip Code
WASHINGTON DC 20003-0864

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.70022

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. TAMAR E. HELLER

Mailing Address P.O. BOX 15864

City State Zip Code
WASHINGTON DC 20003-0864

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69800

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
MRS. TAMAR E. HELLER

Mailing Address P.O. BOX 15864

City State Zip Code
WASHINGTON DC 20003-0864

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69800B

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2700.00

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
MRS. TAMAR E. HELLER

Mailing Address P.O. BOX 15864

City State Zip Code
WASHINGTON DC 20003-0864

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.70020

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ROBERT W. HELM

Mailing Address 1493 EVANS FARM DR

City State Zip Code
MCLEAN VA 22101-5656

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GENERAL DYNAMICS SENIOR VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.852

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)

BRIG. GEN. THOMAS L. HEMINWAY USAF (RET.)

Mailing Address INFO REQUESTED

City State Zip Code
INFO REQUESTED

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.69625

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)

DR. HOKE F. HENDERSON JR.

Mailing Address 842 KILBOURNE RD

City State Zip Code
COLUMBIA SC 29205-2050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67104

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 4950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. FRANCIS E. HENDRIX

Mailing Address **2223 ABNER CREEK RD.**

City	State	Zip Code
DUNCAN	SC	29334-9777

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68868

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM M. HENDRIX

Mailing Address **101 BASALT CT.**

City	State	Zip Code
SIMPSONVILLE	SC	29681-5671

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68845

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. THOMAS B. HENSON

Mailing Address **2131 AYRSLEY TOWN BLVD STE 300**

City	State	Zip Code
CHARLOTTE	NC	28273-3596

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
THOMAS B. HENSON, ATTORNEY	ATTORNEY/EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69273

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOAN HERLONG

Mailing Address 31 STONEHAVEN DR

City State Zip Code
GREENVILLE SC 29607-3017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.85

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
WILLIAM HERLONG

Mailing Address 31 STONEHAVEN DR

City State Zip Code
GREENVILLE SC 29607-3017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE HERLONG LAW FIRM, LLC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1146

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
NUMA C. HERO III

Mailing Address 1008 OAKLEAF CIR

City State Zip Code
BLYTHEWOOD SC 29016-9766

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CREATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
650.00

Transaction ID : SA17.182

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5450.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
NUMA C. HERO III

Mailing Address 1008 OAKLEAF CIR

City	State	Zip Code
BLYTHEWOOD	SC	29016-9766

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	CREATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.350

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
NUMA C. HERO III

Mailing Address 1008 OAKLEAF CIR

City	State	Zip Code
BLYTHEWOOD	SC	29016-9766

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	CREATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71802

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
PAUL M. HERRING

Mailing Address 406 CREEK BEND WHARF

City	State	Zip Code
MT PLEASANT	SC	29464-2787

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CAROLINA EYECARE	OPHTHALMOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1658

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ROGER HERTO

Mailing Address 1040 5TH AVE., APT. 13-A

City State Zip Code
NEW YORK NY 10028-0137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7900.00

Transaction ID : SA17.69415

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

REFUND TO BE ISSUED

B. Full Name (Last, First, Middle Initial)
ROGER HERTO

Mailing Address 1040 5TH AVE., APT. 13-A

City State Zip Code
NEW YORK NY 10028-0137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7900.00

Transaction ID : SA17.69415B

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
ROGER HERTO

Mailing Address 1040 5TH AVE., APT. 13-A

City State Zip Code
NEW YORK NY 10028-0137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7900.00

Transaction ID : SA17.69765

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ROGER HERTO

Mailing Address 1040 5TH AVE., APT. 13-A

City	State	Zip Code
NEW YORK	NY	10028-0137

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 7900.00

Transaction ID : SA17.922

Date of Receipt

M M / D D / Y Y Y Y
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

_____ 2500.00

B. Full Name (Last, First, Middle Initial)
SUSAN HERTO

Mailing Address 745 5TH AVE

City	State	Zip Code
NEW YORK	NY	10151-0099

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	WRITER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Transaction ID : SA17.1847

Date of Receipt

M M / D D / Y Y Y Y
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

_____ 2500.00

C. Full Name (Last, First, Middle Initial)
SUSAN HERTO

Mailing Address 745 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10151-0099

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	WRITER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 4600.00

Transaction ID : SA17.69418

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

_____ 4600.00

Subtotal Of Receipts This Page (optional).....▶ **9600.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
SUSAN HERTOOG

Mailing Address **745 FIFTH AVENUE**

City **NEW YORK** State **NY** Zip Code **10151-0099**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **WRITER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Transaction ID : SA17.69418B

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-1900.00

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
SUSAN HERTOOG

Mailing Address **745 FIFTH AVENUE**

City **NEW YORK** State **NY** Zip Code **10151-0099**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **WRITER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Transaction ID : SA17.69767

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1900.00

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
MR. DAVID W. HILBURN

Mailing Address **P.O. BOX 1605**

City **COLUMBIA** State **SC** Zip Code **29202-1605**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **DEVELOPER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69009

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **1000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LT. COL. BETTY J. HILL USAF (RET.)

Mailing Address **8403 TIMBER FAIR**

City State Zip Code
SAN ANTONIO TX 78250-4191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.67931

Date of Receipt
M M / D D / Y Y Y Y
06 16 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
VADA HILL

Mailing Address **3 SYLVAN WAY
SUITE 3**

City State Zip Code
PARSIPPANY NJ 07054-3821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JACKSON HEWITT CHIEF MARKETING OFFICER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.71904

Date of Receipt
M M / D D / Y Y Y Y
06 26 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. HOWARD H. HILLER

Mailing Address **298 HICKORY TREE LANE**

City State Zip Code
FAIR PLAY SC 29643-2209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CLEMSON EXTENSION SERVICE COUNTY EXTENSION AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.1195

Date of Receipt
M M / D D / Y Y Y Y
04 16 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **3800.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. HOWARD H. HILLER

Mailing Address **298 HICKORY TREE LANE**

City State Zip Code
FAIR PLAY SC 29643-2209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CLEMSON EXTENSION SERVICE COUNTY EXTENSION AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.68683

Date of Receipt
M M / D D / Y Y Y Y
06 19 2015

CONTRIBUTION

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
MR. HOWARD H. HILLER

Mailing Address **298 HICKORY TREE LANE**

City State Zip Code
FAIR PLAY SC 29643-2209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CLEMSON EXTENSION SERVICE COUNTY EXTENSION AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.72659

Date of Receipt
M M / D D / Y Y Y Y
05 14 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. R. GLENN HILLIARD

Mailing Address **1708 C. AUGUSTA STREET BOX 2**

City State Zip Code
GREENVILLE SC 29605-2926

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69813

Date of Receipt
M M / D D / Y Y Y Y
06 30 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. CHARLES A. HILTON

Mailing Address 539 WHALEY POND RD.

City State Zip Code
GRANITEVILLE SC 29829-3124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BREEZY HILL WATER & SEWER CO GENERAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.67368

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOHN HINSHAW

Mailing Address 214 RAYMUNDO DRIVE

City State Zip Code
WOODSIDE CA 94062-4127

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HP EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68048

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KEITH C. HINSON

Mailing Address 5 NELSON CT.

City State Zip Code
MYRTLE BEACH SC 29572-4408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WACCAMAW LAND & TIMBER CO. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.310

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ELIZABETH HODGE

Mailing Address **510 E 86TH STREET**
18D

City **NEW YORK** State **NY** Zip Code **10028-7504**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71827

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS. ASHLEY HOEFER

Mailing Address **946 WOODLAND DR.**

City **COLUMBIA** State **SC** Zip Code **29205-2046**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68784

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. JOHN M.S. HOEFER

Mailing Address **946 WOODLAND DR.**

City **COLUMBIA** State **SC** Zip Code **29205-2046**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WILLOUGHBY AND HOEFER PA** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1780

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional)..... **5800.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JOHN M.S. HOEFER

Mailing Address 946 WOODLAND DR.

City	State	Zip Code
COLUMBIA	SC	29205-2046

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WILLOUGHBY AND HOEFER PA	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68761

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. JEROME F. HOELSCHER

Mailing Address 3702 COUNTY ROAD 125

City	State	Zip Code
GARDEN CITY	TX	79739-2609

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.395

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. JEROME F. HOELSCHER

Mailing Address 3702 COUNTY ROAD 125

City	State	Zip Code
GARDEN CITY	TX	79739-2609

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68410

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. FREDERICK P. HOFFMAN
Mailing Address 408 S. HUBERT AVENUE

Transaction ID : SA17.67150

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

City State Zip Code
TAMPA FL 33609-3832

CONTRIBUTION

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

1000.00

Name of Employer
SELF-EMPLOYED

Occupation
CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

B. Full Name (Last, First, Middle Initial)
JOAN HOFFMAN
Mailing Address 107 GRAND PALM WAY

Transaction ID : SA17.946

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			06			2015			

City State Zip Code
PALM BEACH GARDENS FL 33418-4630

CONTRIBUTION

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

500.00

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

C. Full Name (Last, First, Middle Initial)
MARILYN HOFFMAN
Mailing Address 72 REBELLION ROAD

Transaction ID : SA17.68991

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

City State Zip Code
CHARLESTON SC 29407-7448

CONTRIBUTION

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

1000.00

Name of Employer
NICE ICE

Occupation
PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Subtotal Of Receipts This Page (optional).....▶

2500.00

Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PETER K. HOFFMAN

Mailing Address 107 GRAND PALM WAY

City State Zip Code
PALM BEACH GARDENS FL 33418-4630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.394

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL W. HOGUE

Mailing Address 80 OAKBROOK DRIVE

City State Zip Code
COLUMBIA SC 29223-8414

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69404

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. EDWIN C. HOLBROOK

Mailing Address 201 TROON PLACE

City State Zip Code
SHELBY NC 28150-4875

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CLEVELAND COMMUNITY COLLEGE DEVELOPMENT FUNDRAISING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68744

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5000.00

SEE REATTRIBUTION

Subtotal Of Receipts This Page (optional).....▶ 6000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. EDWIN C. HOLBROOK

Mailing Address 201 TROON PLACE

City State Zip Code
SHELBY NC 28150-4875

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CLEVELAND COMMUNITY COLLEGE DEVELOPMENT FUNDRAISING

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68744B

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2300.00

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
MILLIE HOLBROOK

Mailing Address 201 TROON PLACE

City State Zip Code
SHELBY NC 28150-4875

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2300.00

Transaction ID : SA17.69699

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2300.00

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
MR. ROGER L. HOLLAND

Mailing Address 208 DEERCHASE ROAD

City State Zip Code
SHELBY NC 28150-9361

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.68748

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

Subtotal Of Receipts This Page (optional).....▶ 2500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BOB HOLMES

Mailing Address 308 WALKER AVE SE

City	State	Zip Code
AIKEN	SC	29801-4962

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1098

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DR. HAL B. HOLMES JR.

Mailing Address 600 LAKESIDE DR

City	State	Zip Code
CONWAY	SC	29526-4324

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.208

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MARGARET M. HOLMES

Mailing Address P.O. BOX 1659

City	State	Zip Code
CONWAY	SC	29528-1659

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1650

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. TEE HOOPER JR.

Mailing Address **6 ROCK CREEK CT.**

City State Zip Code
GREENVILLE SC 29605-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GENERAL WHOLESALE DISTRIBUTORS CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68781

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WILLIAM HOPKINS

Mailing Address **5400 ISLAND FOREST**

City State Zip Code
WESTLAKE CA 91362-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ODYSSEY INVESTMENT PARTNERS INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.71914

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
HUNTER HOWARD

Mailing Address **104 S MAIN ST
STE 3**

City State Zip Code
SIMPSONVILLE SC 29681-2707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.72794

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **4700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MATTHEW R. HUBBELL

Mailing Address 7 STATE ST.

City	State	Zip Code
CHARLESTON	SC	29401-3008

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2600.00

Transaction ID : SA17.964

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2600.00

B. Full Name (Last, First, Middle Initial)
HARRY HUGE

Mailing Address 25 E BATTERY ST

City	State	Zip Code
CHARLESTON	SC	29401-2740

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HUGE LAW FIRM PLLC	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.1002

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

C. Full Name (Last, First, Middle Initial)
HARRY HUGE

Mailing Address 25 E BATTERY ST

City	State	Zip Code
CHARLESTON	SC	29401-2740

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HUGE LAW FIRM PLLC	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.241

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2600.00

Subtotal Of Receipts This Page (optional).....▶ _____ 5300.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
REBA K. HUGES

Mailing Address **25 E BATTERY ST**

City State Zip Code
CHARLESTON SC 29401-2740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1852

Date of Receipt
M M / D D / Y Y Y Y
04 10 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. BRUCE W. HUGHES JR.

Mailing Address **124 COVE CT**

City State Zip Code
IRMO SC 29063-8986

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BLUE CROSS BLUE SHIELD OF S.C. MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68782

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. G. JACKSON HUGHES JR.

Mailing Address **P.O. BOX 10440**

City State Zip Code
GREENVILLE SC 29603-0440

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUGHES COMMERCIAL PROPERTIES, PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69397

Date of Receipt
M M / D D / Y Y Y Y
06 29 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **4700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="checked" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial) MR. PHILIP R. HUGHES			Transaction ID : SA17.69220 Date of Receipt MM / DD / YYYY 06 / 26 / 2015		
Mailing Address P.O. BOX 1177 City State Zip Code GREENVILLE SC 29602-1177			CONTRIBUTION Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee.		C			
Name of Employer SELF-EMPLOYED		Occupation DEVELOPER			
Receipt For: 2016 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00			

B. Full Name (Last, First, Middle Initial) MR. R. WALTER HUNDLEY			Transaction ID : SA17.67153 Date of Receipt MM / DD / YYYY 06 / 10 / 2015		
Mailing Address P.O. BOX 31189 City State Zip Code CHARLESTON SC 29417-1189			CONTRIBUTION Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee.		C			
Name of Employer SELF-EMPLOYED		Occupation ATTORNEY			
Receipt For: 2016 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			

C. Full Name (Last, First, Middle Initial) MR. STUART L. HUNTER			Transaction ID : SA17.69309 Date of Receipt MM / DD / YYYY 06 / 29 / 2015		
Mailing Address 2068 ROSE HILL LANE City State Zip Code MOUNT PLEASANT SC 29464-6221			CONTRIBUTION Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee.		C			
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS			
Receipt For: 2016 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00			

Subtotal Of Receipts This Page (optional)..... 2500.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
H. TERRY HUTCHENS

Mailing Address **1117 OFFSHORE DR**

City **FAYETTEVILLE** State **NC** Zip Code **28305-5250**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HUTCHENS & SENTER** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.965

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			27			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
MR. JARED L. HUTCHINGS

Mailing Address **1350 HILLVIEW DRIVE**

City **MENLO PARK** State **CA** Zip Code **94025-5513**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PEER VENTURE PARTNERS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.69798

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
KAREN IACOVELLI

Mailing Address **6 RUGOSA WAY**

City **GREER** State **SC** Zip Code **29650-4417**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **FINANCIAL SERVICES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2600.00

Transaction ID : SA17.829

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			19			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2600.00

Subtotal Of Receipts This Page (optional).....▶ _____ 4600.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PETER IACOVELLI

Mailing Address **6 RUGOSA WAY**

City State Zip Code
GREER SC 29650-4417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PI HOLDINGS II, INC. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.231

Date of Receipt
M M / D D / Y Y Y Y
02 19 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
ANDREW IMBEAU

Mailing Address **818 ASHMEADE RD**

City State Zip Code
CHARLOTTE NC 28211-4244

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WELLS FARGO FINANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.314

Date of Receipt
M M / D D / Y Y Y Y
05 08 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
STEPHEN A. IMBEAU

Mailing Address **800 E. CHEVES ST., STE. 420**

City State Zip Code
FLORENCE SC 29506-2649

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALLERGY, ASTHMA & SINUS CENTER PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1629

Date of Receipt
M M / D D / Y Y Y Y
02 10 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **3350.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
STEPHEN A. IMBEAU

Mailing Address 800 E. CHEVES ST., STE. 420

City State Zip Code
FLORENCE SC 29506-2649

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALLERGY, ASTHMA & SINUS CENTER PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.871

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. JEFFREY R. IMMELT

Mailing Address 705 WEST RD.

City State Zip Code
NEW CANAAN CT 06840-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GENERAL ELECTRIC COMPANY CHAIRMAN AND CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67289

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ANDREA A. IMMELT

Mailing Address 705 WEST RD.

City State Zip Code
NEW CANAAN CT 06840-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67293

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JEFFREY R. IMMELT

Mailing Address 705 WEST RD.

City State Zip Code
NEW CANAAN CT 06840-2518

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GENERAL ELECTRIC COMPANY CHAIRMAN AND CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67289B

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

B. Full Name (Last, First, Middle Initial)
JEANET H. IRWIN

Mailing Address 58 CLIFFDALE RD

City State Zip Code
GREENWICH CT 06831-2929

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.164

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN IRWIN III

Mailing Address 58 CLIFFDALE RD

City State Zip Code
GREENWICH CT 06831-2929

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HILLSIDE CAPITAL INC. FINANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1846

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DANIEL H. ISAAC JR.

Mailing Address 1004 8TH AVE N

City MYRTLE BEACH State SC Zip Code 29577-3848

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
A & I, INC. CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.471

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SARAH ISAAC

Mailing Address 1454 COMSTOCK AVE.

City LOS ANGELES State CA Zip Code 90024-5366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CONTINENTAL COMPUTERS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.72786

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BERNT IVERSEN II

Mailing Address 129 TERRAPIN CROSSING ROAD

City PICKENS State SC Zip Code 29671-9638

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TRANSDIGM EXEC VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71832

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 2500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JAMES E. JACKSON

Mailing Address 101 SHROPSHIRE ST.

City	State	Zip Code
GOOSE CREEK	SC	29445-5365

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1035

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. JAMES E. JACKSON

Mailing Address 101 SHROPSHIRE ST.

City	State	Zip Code
GOOSE CREEK	SC	29445-5365

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1257

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. JAMES E. JACKSON

Mailing Address 101 SHROPSHIRE ST.

City	State	Zip Code
GOOSE CREEK	SC	29445-5365

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1303

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JAMES E. JACKSON

Mailing Address 101 SHROPSHIRE ST.

City	State	Zip Code
GOOSE CREEK	SC	29445-5365

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1485

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="25.00"/>

B. Full Name (Last, First, Middle Initial)
MR. JAMES E. JACKSON

Mailing Address 101 SHROPSHIRE ST.

City	State	Zip Code
GOOSE CREEK	SC	29445-5365

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.70771

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="25.00"/>

C. Full Name (Last, First, Middle Initial)
MR. JAMES E. JACKSON

Mailing Address 101 SHROPSHIRE ST.

City	State	Zip Code
GOOSE CREEK	SC	29445-5365

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71198

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JAMES E. JACKSON

Mailing Address 101 SHROPSHIRE ST.

City State Zip Code
GOOSE CREEK SC 29445-5365

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71199

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES E. JACKSON

Mailing Address 101 SHROPSHIRE ST.

City State Zip Code
GOOSE CREEK SC 29445-5365

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.72426

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
JIM JACKSON

Mailing Address 115 HOLIDAY ROAD

City State Zip Code
SOLGOHACHIA AR 72156-8802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17.1715

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 575.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JIM JACKSON

Mailing Address 115 HOLIDAY ROAD

City SOLGOHACHIA State AR Zip Code 72156-8802

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1250.00

Transaction ID : SA17.67213

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 500.00

B. Full Name (Last, First, Middle Initial)
JIM JACKSON

Mailing Address 115 HOLIDAY ROAD

City SOLGOHACHIA State AR Zip Code 72156-8802

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1250.00

Transaction ID : SA17.72753

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
JONATHON S. JACOBSON

Mailing Address 200 CLARENDON ST
FL 59

City BOSTON State MA Zip Code 02116-5083

FEC ID number of contributing federal political committee. **C**

Name of Employer HIGHFIELDS CAPITAL Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.1096

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3450.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MITCHELL JACOBSON

Mailing Address **67 FEEKS LN**

City **LOCUST VALLEY** State **NY** Zip Code **11560-2020**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MSC** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1039

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MR. DICK JAMES

Mailing Address **611 N. MAIN STREET**

City **GREENVILLE** State **SC** Zip Code **29601-1611**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DICK JAMES LAW FIRM** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69547

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MRS. AMY JARED

Mailing Address **724 BARON BLUFF ROAD**

City **SMITHVILLE** State **TN** Zip Code **37166-7454**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67041

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **6300.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. EUGENE JARED

Mailing Address 724 BARON BLUFF RD.

City	State	Zip Code
SMITHVILLE	TN	37166-7454

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CORRUGATED BOX MFG.	SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67040

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			09			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
SAM JAUHARI

Mailing Address 10166 RUSH ST

City	State	Zip Code
EL MONTE	CA	91733-3224

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GFT GROUP	BUSINESS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1755

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
SAM JAUHARI

Mailing Address 10166 RUSH ST

City	State	Zip Code
EL MONTE	CA	91733-3224

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GFT GROUP	BUSINESS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.723

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period

REFUND ISSUED ON 7/15/2015

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial) DOUGLAS JENNINGS JR.		Transaction ID : SA17.1426																				
Mailing Address 803 E MAIN ST		Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>02</td><td></td><td></td><td>19</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	02			19			2015			
M	M	/	D	D	/	Y	Y	Y	Y													
02			19			2015																
City BENNETTSVILLE	State SC	Zip Code 29512-3221																				
FEC ID number of contributing federal political committee.		C																				
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1000.00</td><td></td><td></td><td></td></tr> </table>																		1000.00			
						1000.00																
CONTRIBUTION		Amount of Each Receipt this Period <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1000.00</td><td></td><td></td><td></td></tr> </table>																	1000.00			
						1000.00																

B. Full Name (Last, First, Middle Initial) MR. JOHN S. JENSEN		Transaction ID : SA17.69307																				
Mailing Address 4651 MILL POND RD.		Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>06</td><td></td><td></td><td>29</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	06			29			2015			
M	M	/	D	D	/	Y	Y	Y	Y													
06			29			2015																
City MYRTLE BEACH	State SC	Zip Code 29588-8623																				
FEC ID number of contributing federal political committee.		C																				
Name of Employer RETIRED	Occupation RETIRED																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1000.00</td><td></td><td></td><td></td></tr> </table>																		1000.00			
						1000.00																
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						1000.00																

C. Full Name (Last, First, Middle Initial) DANIEL J. JICK		Transaction ID : SA17.1103																				
Mailing Address 15 LAWRENCE RD		Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>03</td><td></td><td></td><td>27</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	03			27			2015			
M	M	/	D	D	/	Y	Y	Y	Y													
03			27			2015																
City CHESTNUT HILL	State MA	Zip Code 02467-1201																				
FEC ID number of contributing federal political committee.		C																				
Name of Employer HIGHVISTA STRATEGIES	Occupation INVESTOR																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1000.00</td><td></td><td></td><td></td></tr> </table>																		1000.00			
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Subtotal Of Receipts This Page (optional).....	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>3000.00</td><td></td><td></td><td></td></tr> </table>																	3000.00			
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Total This Period (last page this line number only).....	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ANN C. JOHNSON

Mailing Address 1008 GLENDALYN CIR

City State Zip Code
SPARTANBURG SC 29302-2111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1547

Date of Receipt
MM / DD / YYYY
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
EDWIN W. JOHNSON II

Mailing Address 3522 MEREDITH LN

City State Zip Code
COLUMBIA SC 29205-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MCNAIR LAW FIRM ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.377

Date of Receipt
MM / DD / YYYY
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR. F. SCHIPMAN JOHNSTON

Mailing Address 622 FAIRWAY DRIVE

City State Zip Code
FLORENCE SC 29501-5510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CROWN BEVERAGES, INC. OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69447

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 5700.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
FRANKLIN P. JOHNSON JR.

Mailing Address **2100 GENG ROAD
SUITE 200**

City **PALO ALTO** State **CA** Zip Code **94303-3307**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ASSET MANAGEMENT COMPANY** Occupation **SOLE PROPRIETOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71873

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GARY JOHNSON

Mailing Address **6451 BANDERA RD
211**

City **SAN ANTONIO** State **TX** Zip Code **78238-1512**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.71906

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
GEORGE D. JOHNSON JR.

Mailing Address **P.O. BOX 3524**

City **SPARTANBURG** State **SC** Zip Code **29304-**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JOHNSON DEVELOPMENT, INC.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.41

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ **6300.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JAMES W. JOHNSTON

Mailing Address 928 BEAR POINT

City State Zip Code
CHAPIN SC 29036-9411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17.843

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MARI JOHNSON

Mailing Address 24840 PACIFIC COAST HWY

City State Zip Code
MALIBU CA 90265-4733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1488

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
R. MICHAEL JOHNSON DMD

Mailing Address 1106 ANTHONY AVE

City State Zip Code
COLUMBIA SC 29201-1730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.107

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 3000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. W. TIM JOHNSON JR.

Mailing Address 105 PARK AVE

City State Zip Code
CONWAY SC 29526-3630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2200.00

Transaction ID : SA17.69267

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. W. TIM JOHNSON JR.

Mailing Address 105 PARK AVE

City State Zip Code
CONWAY SC 29526-3630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2200.00

Transaction ID : SA17.69777

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR. W. TIM JOHNSON JR.

Mailing Address 105 PARK AVE

City State Zip Code
CONWAY SC 29526-3630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2200.00

Transaction ID : SA17.94

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DAN E. JONES

Mailing Address 134 WILLIAMSTOWN WAY

City State Zip Code
COLUMBIA SC 29212-8650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TIME WARNER CABLE VP GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71751

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
J. MARK JONES

Mailing Address 150 ASPEN TRL.

City State Zip Code
COLUMBIA SC 29206-4977

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NELSON, MULLINS ET AL. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68776

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MRS. MARGARET JONES

Mailing Address 9190 MAY RIVER ROAD

City State Zip Code
BLUFFTON SC 29910-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69619

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 3950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. R. LEE JONES

Mailing Address 4251 CUSTIS AVE.

City State Zip Code
SACRAMENTO CA 95822-1425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

Transaction ID : SA17.69293

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
650.00

B. Full Name (Last, First, Middle Initial)
MRS. TRINA S. JONES

Mailing Address 3 WOODWAY CT.

City State Zip Code
GREER SC 29651-6836

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MILLIKEN & COMPANY MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.67597

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
WILLIAM W. JONES

Mailing Address 910 MAY RIVER RD

City State Zip Code
BLUFFTON SC 29910-5805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JONES, SIMPSON AND NEWTON ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.706

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 3650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
THOMAS JOYCE

Mailing Address 142 GOODWIVES RIVER RD

City State Zip Code
DARIEN CT 06820-5807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ARXIS CAPITAL EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.71896

Date of Receipt
MM / DD / YYYY
06 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MRS. JOLEEN JULIS

Mailing Address 1880 CENTURY PARK E. #1600

City State Zip Code
LOS ANGELES CA 90067-1661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67151

Date of Receipt
MM / DD / YYYY
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. MITCHELL JULIS

Mailing Address 2000 AVENUE OF THE STARS., FL. 11

City State Zip Code
LOS ANGELES CA 90067-4732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CANYON PARTNERS LLC INVESTMENT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67117

Date of Receipt
MM / DD / YYYY
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 8100.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PHILIP KAGAN

Mailing Address **44 DEVANT DR EAST**

City **BLUFFTON** State **SC** Zip Code **29909-4536**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
233.00

Transaction ID : SA17.361

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
36.00

B. Full Name (Last, First, Middle Initial)
PHILIP KAGAN

Mailing Address **44 DEVANT DR EAST**

City **BLUFFTON** State **SC** Zip Code **29909-4536**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
233.00

Transaction ID : SA17.71054

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
36.00

C. Full Name (Last, First, Middle Initial)
PHILIP KAGAN

Mailing Address **44 DEVANT DR EAST**

City **BLUFFTON** State **SC** Zip Code **29909-4536**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
233.00

Transaction ID : SA17.71106

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional)..... **122.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PHILIP KAGAN

Mailing Address **44 DEVANT DR EAST**

City **BLUFFTON** State **SC** Zip Code **29909-4536**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
233.00

Transaction ID : SA17.71108

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
PHILIP KAGAN

Mailing Address **44 DEVANT DR EAST**

City **BLUFFTON** State **SC** Zip Code **29909-4536**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
233.00

Transaction ID : SA17.72378

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
PHILIP KAGAN

Mailing Address **44 DEVANT DR EAST**

City **BLUFFTON** State **SC** Zip Code **29909-4536**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
233.00

Transaction ID : SA17.754

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
36.00

Subtotal Of Receipts This Page (optional)..... **111.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. ALAN B. KAHN

Mailing Address 5311 LAKESHORE DR.

City	State	Zip Code
COLUMBIA	SC	29206-4908

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KAHN DEVELOPMENT CO.	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68899

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DR. BERNARD KAMINETSKY

Mailing Address 7991 TENNYSON CT

City	State	Zip Code
BOCA RATON	FL	33433-4145

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MDVIP, INC.	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1685

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DR. BERNARD KAMINETSKY

Mailing Address 7991 TENNYSON CT

City	State	Zip Code
BOCA RATON	FL	33433-4145

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MDVIP, INC.	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68018

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			18			2015			

CONTRIBUTION

Amount of Each Receipt this Period

SEE REATTRIBUTION

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DR. BERNARD KAMINETSKY

Mailing Address 7991 TENNYSON CT

City BOCA RATON State FL Zip Code 33433-4145

FEC ID number of contributing federal political committee. **C**

Name of Employer MDVIP, INC. Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2700.00

Transaction ID : SA17.68018B

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-1300.00

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
MELANIE KAMINETSKY

Mailing Address 7991 TENNYSON CT

City BOCA RATON State FL Zip Code 33433-4145

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1300.00

Transaction ID : SA17.69692

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1300.00

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
STEVEN KANE

Mailing Address 111 YARMOUTH RD

City CHESTNUT HILL State MA Zip Code 02467-2815

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 ▼ 1000.00

Transaction ID : SA17.444

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BARRY KAPLAN

Mailing Address 51 BROOKBY RD

City State Zip Code
SCARSDALE NY 10583-4546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAPLE TREE CAPITAL SERVICES, LLC PORTFOLIO MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.585

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
BARRY KAPLAN

Mailing Address 51 BROOKBY RD

City State Zip Code
SCARSDALE NY 10583-4546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAPLE TREE CAPITAL SERVICES, LLC PORTFOLIO MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.69655

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

REFUNDED \$2,600.00 ON 03/02/2015

C. Full Name (Last, First, Middle Initial)
DAVID KAPLAN

Mailing Address 16130 VENTURA BLVD. #320

City State Zip Code
ENCINO CA 91436-2531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ARES MANAGEMENT LLC INVESTMENT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.72812

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 7900.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LIONEL A. KAPLAN

Mailing Address **671 ROSEDALE RD.**

City	State	Zip Code
PRINCETON	NJ	08540-

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
JOSEPH D. KAPLAN & SON	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.1110

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LIONEL A. KAPLAN

Mailing Address **671 ROSEDALE RD.**

City	State	Zip Code
PRINCETON	NJ	08540-2217

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
JOSEPH D. KAPLAN & SON	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.72791

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. PAUL M. KAPLAN

Mailing Address **220 RIVERSIDE BLVD APT 28A**

City	State	Zip Code
NEW YORK	NY	10069-1013

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68753

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **3000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ROBERT KAPLAN

Mailing Address 4565 BARCLAY FAIRWAY

City Wellington State FL Zip Code 33449-8113

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
280.00

Transaction ID : SA17.71718

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
ROBERT KAPLAN

Mailing Address 4565 BARCLAY FAIRWAY

City Wellington State FL Zip Code 33449-8113

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
280.00

Transaction ID : SA17.72729

Date of Receipt
MM / DD / YYYY
05 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
180.00

C. Full Name (Last, First, Middle Initial)
MARGIE KARGMAN

Mailing Address 151 TREMONT ST.

City BOSTON State MA Zip Code 02111-1125

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 ▼
2700.00

Transaction ID : SA17.72808

Date of Receipt
MM / DD / YYYY
05 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 2980.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ROBERT M. KARGMAN

Mailing Address 151 TREMONT ST.
PH

City State Zip Code
BOSTON MA 02111-1125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BOSTON LAND COMPANY REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.72807

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MICHAEL M. KASSEN

Mailing Address 315 NORTH AVE.

City State Zip Code
WESTPORT CT 06880-1329

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1788

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
SHELLY KASSEN

Mailing Address 315 NORTH AVE

City State Zip Code
WESTPORT CT 06880-1329

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.441

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 8000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOSHUA KATZEN

Mailing Address 40 NONANTUM ST.

City	State	Zip Code
NEWTON	MA	02458-2434

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
J. W. KATZEN CO.	BUSINESS MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.573

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
STEPHANIE KAUFMANN

Mailing Address 5201 WINDING BROOK ROAD

City	State	Zip Code
CHARLOTTE	NC	28226-6357

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71743

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CHRIS KAVOLUS

Mailing Address 12 ABBOT TRL

City	State	Zip Code
GREENVILLE	SC	29605-3279

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PIED. ORTHO. ASSOC.	ORTHOPAEDIC SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.454

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM W. KEHL

Mailing Address **P.O. BOX 728**

City State Zip Code
GREENVILLE SC 29602-0728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WYCHE, PA ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
3100.00

Transaction ID : SA17.1823

Date of Receipt
M M / D D / Y Y Y Y
05 08 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
ELIZABETH KEHL

Mailing Address **208 CRESCENT AVENUE**

City State Zip Code
GREENVILLE SC 29605-2815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2550.00

Transaction ID : SA17.69703

Date of Receipt
M M / D D / Y Y Y Y
05 08 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

**[MEMO ITEM]
REATTRIBUTION FROM SPOUSE**

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM W. KEHL

Mailing Address **P.O. BOX 728**

City State Zip Code
GREENVILLE SC 29602-0728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WYCHE, PA ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
3100.00

Transaction ID : SA17.1823B

Date of Receipt
M M / D D / Y Y Y Y
05 08 2015

CONTRIBUTION

Amount of Each Receipt this Period
-250.00

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

Subtotal Of Receipts This Page (optional)..... **250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM W. KEHL

Mailing Address **P.O. BOX 728**

City **GREENVILLE** State **SC** Zip Code **29602-0728**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WYCHE, PA** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Transaction ID : SA17.196

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM W. KEHL

Mailing Address **P.O. BOX 728**

City **GREENVILLE** State **SC** Zip Code **29602-0728**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WYCHE, PA** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Transaction ID : SA17.574

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM W. KEHL

Mailing Address **P.O. BOX 728**

City **GREENVILLE** State **SC** Zip Code **29602-0728**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WYCHE, PA** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Transaction ID : SA17.66993

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

SEE REATTRIBUTION

Subtotal Of Receipts This Page (optional)..... **3850.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ELIZABETH KEHL

Mailing Address **208 CRESCENT AVENUE**

City State Zip Code
GREENVILLE SC 29605-2815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2550.00

Transaction ID : SA17.69705

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

**[MEMO ITEM]
REATTRIBUTION FROM SPOUSE**

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM W. KEHL

Mailing Address **P.O. BOX 728**

City State Zip Code
GREENVILLE SC 29602-0728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WYCHE, PA ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Transaction ID : SA17.66993B

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-1000.00

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM W. KEHL

Mailing Address **P.O. BOX 728**

City State Zip Code
GREENVILLE SC 29602-0728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WYCHE, PA ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Transaction ID : SA17.68817

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1300.00

SEE REATTRIBUTION

Subtotal Of Receipts This Page (optional)..... **1300.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ELIZABETH KEHL

Mailing Address **208 CRESCENT AVENUE**

City State Zip Code
GREENVILLE SC 29605-2815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2550.00

Transaction ID : SA17.69707

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1300.00

**[MEMO ITEM]
REATTRIBUTION FROM SPOUSE**

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM W. KEHL

Mailing Address **P.O. BOX 728**

City State Zip Code
GREENVILLE SC 29602-0728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WYCHE, PA ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Transaction ID : SA17.68817B

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-1300.00

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM W. KEHL

Mailing Address **P.O. BOX 728**

City State Zip Code
GREENVILLE SC 29602-0728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WYCHE, PA ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Transaction ID : SA17.72747

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

REFUND ISSUED ON 7/15/2015 - \$400.00

Subtotal Of Receipts This Page (optional)..... **250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MARK KEISLER

Mailing Address 211 GOLDEN JUBILEE ROAD

City	State	Zip Code
GILBERT	SC	29054-8958

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PALMETTO OPHTHALMOLOGY ASSOCIATES	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71803

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			21			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. BRIAN F. KELLEY

Mailing Address 823 CHAUCER DR.

City	State	Zip Code
FLORENCE	SC	29505-3634

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68837

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. LOU W. KENNEDY

Mailing Address 4500 12TH STREET EXT.

City	State	Zip Code
WEST COLUMBIA	SC	29172-3025

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
OWNER & CEO	NEPHRON PHARMACEUTICALS CORP.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69020

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. KIMBERLY V. KENT

Mailing Address **2 W HILLCREST DR**

City State Zip Code
GREENVILLE SC 29609-4616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COPPER DOME STRATEGIES, LLC LOBBYIST AND CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1038

Date of Receipt
M M / D D / Y Y Y Y
02 26 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MR. MARK B. KENT

Mailing Address **135 S MAIN ST
STE 200**

City State Zip Code
GREENVILLE SC 29601-2763

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KENT WORLDWIDE PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1354

Date of Receipt
M M / D D / Y Y Y Y
02 26 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
HERMAN KIENE

Mailing Address **151 CRANDON BLVD
343**

City State Zip Code
KEY BISCAYNE FL 33149-1573

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KIENE HAND & CO CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71819

Date of Receipt
M M / D D / Y Y Y Y
06 02 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **5700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MARY C. KILLOREN

Mailing Address 120 CAMDEN DR.

City State Zip Code
SPARTANBURG SC 29302-3403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE ARTS PARTNERSHIP DEVELOPMENT OFFICER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Transaction ID : SA17.1659

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
800.00

B. Full Name (Last, First, Middle Initial)
THOMAS A. KILLOREN JR.

Mailing Address 120 CAMDEN DR

City State Zip Code
SPARTANBURG SC 29302-3403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HARRISON ,WHITE, SMITH, ET AL. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1454

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
THOMAS F. KINDER JR.

Mailing Address 78 CROSSTREE DR

City State Zip Code
HILTON HEAD ISLAND SC 29926-1246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CINCINNATI BENGALS PUBLIC ANNOUNCER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.1716

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1500.00

Subtotal Of Receipts This Page (optional).....▶ 5000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DAVID N. KING

Mailing Address 330 KERSHAW ST., SE

City	State	Zip Code
AIKEN	SC	29801-4624

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
R.E. INVESTMENT AND MGT.	INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1346

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. HEWLETT M. KING JR.

Mailing Address 1213 CRESTVIEW ROAD

City	State	Zip Code
ANDERSON	SC	29621-3707

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MATRIX CONSTRUCTION COMPANY, INC.	CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67266

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			11			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
J. THORNTON KIRBY

Mailing Address 210 RIVERWALK CIR

City	State	Zip Code
WEST COLUMBIA	SC	29169-7645

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SC HOSPITAL ASSOCIATION	PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1433

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
WES A. KISSINGER

Mailing Address **214 W PEACH RIDGE DR**

City	State	Zip Code
GREER	SC	29651-5705

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HARRISON, WHITE, SMITH & COGGI	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69662

Date of Receipt
MM / DD / YYYY
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
3400.00

REFUNDED \$700.00 ON 03/12/2015

B. Full Name (Last, First, Middle Initial)
BETH KLARMAN

Mailing Address **P.O. BOX 171733**

City	State	Zip Code
BOSTON	MA	02117-3506

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1128

Date of Receipt
MM / DD / YYYY
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
SETH A. KLARMAN

Mailing Address **P.O. BOX 171733**

City	State	Zip Code
BOSTON	MA	02117-3506

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
BAUPOST GROUP	FOUNDER & PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.488

Date of Receipt
MM / DD / YYYY
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **8800.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
GEORGE KLEIN

Mailing Address 499 PARK AVE., FL. 27

City State Zip Code
NEW YORK NY 10022-1240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PARK TOWER GROUP PRESIDENT AND CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.548

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JACOB KLEIN

Mailing Address 25 A HANOVER ROAD
SUITE 130

City State Zip Code
FLORHAM PARK NJ 07932-1441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE KLEIN GROUP LLC REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Transaction ID : SA17.1414

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
JACOB KLEIN

Mailing Address 25 A HANOVER ROAD
SUITE 130

City State Zip Code
FLORHAM PARK NJ 07932-1441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE KLEIN GROUP LLC REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Transaction ID : SA17.72662

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 4800.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KENNY KLEPPER

Mailing Address 295 GLEN PL

City	State	Zip Code
FRANKLIN LAKES	NJ	07417-2707

FEC ID number of contributing federal political committee. **C**

Name of Employer REACTIVECORE INC.	Occupation CHAIRMAN
---------------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4250.00

Transaction ID : SA17.1362

Date of Receipt
MM / DD / YYYY
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

REFUND ISSUED ON 7/15/2015

B. Full Name (Last, First, Middle Initial)
KENNY KLEPPER

Mailing Address 295 GLEN PL

City	State	Zip Code
FRANKLIN LAKES	NJ	07417-2707

FEC ID number of contributing federal political committee. **C**

Name of Employer REACTIVECORE INC.	Occupation CHAIRMAN
---------------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4250.00

Transaction ID : SA17.374

Date of Receipt
MM / DD / YYYY
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KENNY KLEPPER

Mailing Address 295 GLEN PL

City	State	Zip Code
FRANKLIN LAKES	NJ	07417-2707

FEC ID number of contributing federal political committee. **C**

Name of Employer REACTIVECORE INC.	Occupation CHAIRMAN
---------------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4250.00

Transaction ID : SA17.67269

Date of Receipt
MM / DD / YYYY
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1250.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional).....▶ 3250.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KENNY KLEPPER

Mailing Address 295 GLEN PL

City	State	Zip Code
FRANKLIN LAKES	NJ	07417-2707

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
REACTIVECORE INC.	CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 4250.00

Transaction ID : SA17.890

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
MICHAEL KLIEGMAN

Mailing Address 138 LONG LOTS RD

City	State	Zip Code
WESTPORT	CT	06880-3926

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PRICewaterHOUSECOOPERS LLP	LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17.992

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
J.C. KLINE

Mailing Address 360 ALEXANDER CIR

City	State	Zip Code
COLUMBIA	SC	29206-4966

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KLINE IRON & STEEL	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17.1725

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional)..... 4700.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MS. SUE D. KLINE

Mailing Address **INFO REQUESTED**

City State Zip Code
INFO REQUESTED

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68807

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
LORI KLINGHOFFER

Mailing Address **33 WILDWOOD DR**

City State Zip Code
SHORT HILLS NJ 07078-3027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1850.00

Transaction ID : SA17.1893

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1850.00

C. Full Name (Last, First, Middle Initial)
STEVEN H. KLINGHOFFER

Mailing Address **33 WILDWOOD DR.**

City State Zip Code
SHORT HILLS NJ 07078-3027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WPI COMMUNICIATIONS FOUNDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1850.00

Transaction ID : SA17.1521

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1850.00

Subtotal Of Receipts This Page (optional)..... **6400.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 313 / 893

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. ROBERT A. KNIGHT

Mailing Address 107 LANNEAU DR.

City	State	Zip Code
GREENVILLE	SC	29605-1709

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PUBLIC STRATEGY, LLC	PUBLIC RELATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17.67100

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
MR. DAVID M. KNOTT

Mailing Address 232 CLEFT ROAD

City	State	Zip Code
MILL NECK	NY	11765-1001

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KNOTT PARTNERS	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17.67270

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			11			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
RICK E. KOCH

Mailing Address 36 S. HUDSON STREET

City	State	Zip Code
SEATTLE	WA	98134-2443

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ALL CITY FENCE COMPANY	OWNER/PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 750.00

Transaction ID : SA17.72770

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			06			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 500.00

Subtotal Of Receipts This Page (optional)..... 4200.00

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. RICK E. KOCH

Mailing Address **36 S. HUDSON STREET**

City	State	Zip Code
SEATTLE	WA	98134-2443

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ALL CITY FENCE COMPANY	OWNER/PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17.66990

Date of Receipt
MM / DD / YYYY
06 / 09 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DR. KAMRAN KORANLOO

Mailing Address **39 AVINGTON CT**

City	State	Zip Code
COLUMBIA	SC	29229-7024

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LAKE CAROLINA PAIN AND SPINE CENTER	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1052

Date of Receipt
MM / DD / YYYY
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
DR. KAMRAN KORANLOO

Mailing Address **39 AVINGTON CT**

City	State	Zip Code
COLUMBIA	SC	29229-7024

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LAKE CAROLINA PAIN AND SPINE CENTER	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1244

Date of Receipt
MM / DD / YYYY
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
200.00

Subtotal Of Receipts This Page (optional).....▶ **500.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DR. KAMRAN KORANLOO

Mailing Address 39 AVINGTON CT

City State Zip Code
COLUMBIA SC 29229-7024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LAKE CAROLINA PAIN AND SPINE CENTER PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71154

Date of Receipt
MM / DD / YYYY
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
DR. KAMRAN KORANLOO

Mailing Address 39 AVINGTON CT

City State Zip Code
COLUMBIA SC 29229-7024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LAKE CAROLINA PAIN AND SPINE CENTER PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71478

Date of Receipt
MM / DD / YYYY
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DR. KAMRAN KORANLOO

Mailing Address 39 AVINGTON CT

City State Zip Code
COLUMBIA SC 29229-7024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LAKE CAROLINA PAIN AND SPINE CENTER PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71484

Date of Receipt
MM / DD / YYYY
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 250.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

16 17a 17b 17c 17d 18
 19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial) HELEN KORSGADEN			Transaction ID : SA17.71912 Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2015	
Mailing Address 3034 S. WEST STREET			CONTRIBUTION Amount of Each Receipt this Period 2700.00	
City VISALIA	State CA	Zip Code 93277-7541	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2700.00	
Name of Employer SELF-EMPLOYED	Occupation SELF-EMPLOYED		Amount of Each Receipt this Period 2700.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2700.00		

B. Full Name (Last, First, Middle Initial) MR. BOBBY KOTICK			Transaction ID : SA17.68905 Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2015	
Mailing Address 3435 OCEAN PARK BLVD #107 PMBK			CONTRIBUTION Amount of Each Receipt this Period 2700.00	
City SANTA MONICA	State CA	Zip Code 90405-3320	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2700.00	
Name of Employer ACTIVISION BLIZZARD	Occupation C.E.O.		Amount of Each Receipt this Period 2700.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2700.00		

C. Full Name (Last, First, Middle Initial) MRS. PATRICIA K. KOTTI			Transaction ID : SA17.68893 Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2015	
Mailing Address 158 ADAMS BRANCH ROAD			CONTRIBUTION Amount of Each Receipt this Period 500.00	
City NORTH AUGUSTA	State SC	Zip Code 29860-9074	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period 500.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00		

Subtotal Of Receipts This Page (optional) 5900.00
Total This Period (last page this line number only) 5900.00

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JUDAH KRAUSHAAR

Mailing Address **36 HIGH WAY**

City **CHAPPAQUA** State **NY** Zip Code **10514-2716**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ROARING BROOK CAPITAL** Occupation **INVESTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1486

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS KRUPP

Mailing Address **1 BEACON ST**

City **BOSTON** State **MA** Zip Code **02108-3107**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BERKSHIRE GROUP** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.528

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MITCHELL KUFLIK

Mailing Address **15 FRANKLIN LN**

City **HARRISON** State **NY** Zip Code **10528-1105**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BRAHMAN CAPITAL CORP.** Occupation **INVESTMENT MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1259

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **4100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
SETH M. KURSMAN

Mailing Address **B131- 1321 SHERBROOKE W
SUITE 800**

City **MONTREAL, CANADA** State Zip Code **99999-**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RESOLUTE FOREST PRODUCTS US** Occupation **VP COMMUNICATIONS AND GOVT. AFFAIRS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1448

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

FEDERALLY PERMISSIBLE FUNDS

B. Full Name (Last, First, Middle Initial)
SERYL B. KUSHNER

Mailing Address **857 5TH AVE**

City **NEW YORK** State **NY** Zip Code **10065-5857**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KUSHNER COMPANIES** Occupation **EXECUTIVE ADMINISTRATOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1915

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
GREGORY LAETSCH

Mailing Address **1032 VIA MIRABEL**

City **PALOS VERDES ESTATES** State **CA** Zip Code **90274-1620**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MORGAN STANLEY** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1121

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **5800.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. HENRY SPANN LAFFITTE

Mailing Address P.O. BOX 1

City ALLENDALE State SC Zip Code 29810-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer PALMETTO STATE BANK Occupation BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.67008

Date of Receipt
MM / DD / YYYY
06 / 09 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PATSY LANE

Mailing Address 157 FREEDOM DRIVE

City LEXINGTON State SC Zip Code 29072-3807

FEC ID number of contributing federal political committee. **C**

Name of Employer VETERAN Occupation VETERAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.72768

Date of Receipt
MM / DD / YYYY
05 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOSHUA LANIADO

Mailing Address 418 QUEENS RD

City MYRTLE BEACH State SC Zip Code 29572-5411

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.1610

Date of Receipt
MM / DD / YYYY
04 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional).....▶ 2750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PHILLIP LANTZ

Mailing Address **4 WOLFE ST**

City State Zip Code
ALEXANDRIA VA 22314-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SYSTEMS PLANNING AND ANALYSIS, INC. CORPORATE EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.146

Date of Receipt
M M / D D / Y Y Y Y
02 19 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PHILLIP LANTZ

Mailing Address **4 WOLFE ST**

City State Zip Code
ALEXANDRIA VA 22314-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SYSTEMS PLANNING AND ANALYSIS, INC. CORPORATE EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.71399

Date of Receipt
M M / D D / Y Y Y Y
06 01 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
LINDA LARMETT

Mailing Address **14 SUTTON PLACE SOUTH
5C**

City State Zip Code
NEW YORK NY 10022-3071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17.71594

Date of Receipt
M M / D D / Y Y Y Y
06 01 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **450.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LINDA LARMETT

Mailing Address **14 SUTTON PLACE SOUTH**
5C

City **NEW YORK** State **NY** Zip Code **10022-3071**

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 ▼
400.00

Transaction ID : SA17.71595

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
LINDA LARMETT

Mailing Address **14 SUTTON PLACE SOUTH**
5C

City **NEW YORK** State **NY** Zip Code **10022-3071**

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 ▼
400.00

Transaction ID : SA17.71596

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
LINDA LARMETT

Mailing Address **14 SUTTON PLACE SOUTH**
5C

City **NEW YORK** State **NY** Zip Code **10022-3071**

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 ▼
400.00

Transaction ID : SA17.72701

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **300.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
GORDON LARSON

Mailing Address **4917 RAVENSWOOD DR
APT 809**

City State Zip Code
SAN ANTONIO TX 78227-4340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.1608

Date of Receipt
M M / D D / Y Y Y Y
02 19 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR. J. THOMAS LATHAM JR.

Mailing Address **122 PARKINS LAKE ROAD**

City State Zip Code
GREENVILLE SC 29607-3636

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UPSTATE PATHOLOGY PA. PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69244

Date of Receipt
M M / D D / Y Y Y Y
06 29 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOHN T. LATHAM JR.

Mailing Address **122 PARKINS LAKE RD**

City State Zip Code
GREENVILLE SC 29607-3636

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UPSTATE PATHOLOGY PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1211

Date of Receipt
M M / D D / Y Y Y Y
02 10 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **2250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ELIOT LAUER

Mailing Address 101 PARK AVE

City State Zip Code
NEW YORK NY 10178-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CURTIS, MALLET-PREVOST, COLT & MOSLE ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1501

Date of Receipt
MM / DD / YYYY
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
SAMUEL Y. LAUREN

Mailing Address 1000 S KINGS HWY

City State Zip Code
MYRTLE BEACH SC 29577-4419

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RESTAURANTEUR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1529

Date of Receipt
MM / DD / YYYY
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MARK LAZARUS

Mailing Address 9308 COVE DR

City State Zip Code
MYRTLE BEACH SC 29572-5000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MB GRAND PRIX AMUSEMENT PARK OPERATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.318

Date of Receipt
MM / DD / YYYY
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 4700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
STEVEN M. LEE

Mailing Address **5823 GULF FREEWAY, SUITE 300**

City State Zip Code
HOUSTON TX 77023-5351

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.68798

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
MICHAEL J. LEFFELL

Mailing Address **35 SHELDRAKE RD.**

City State Zip Code
SCARSDALE NY 10583-3409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PORTAGE ADVISORS LLC CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Transaction ID : SA17.67311

Date of Receipt
M M / D D / Y Y Y Y
06 11 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
MICHAEL J. LEFFELL

Mailing Address **35 SHELDRAKE RD.**

City State Zip Code
SCARSDALE NY 10583-3409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PORTAGE ADVISORS LLC CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Transaction ID : SA17.757

Date of Receipt
M M / D D / Y Y Y Y
03 03 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional)..... **7000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. STUART H. LEGRAND

Mailing Address P.O. BOX 727

City	State	Zip Code
SHELBY	NC	28151-0727

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17.1903

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

B. Full Name (Last, First, Middle Initial)
MR. STUART H. LEGRAND

Mailing Address P.O. BOX 727

City	State	Zip Code
SHELBY	NC	28151-0727

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17.68740

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
MR. WESLEY LEGRAND

Mailing Address 511 COLLEGE AVE

City	State	Zip Code
SHELBY	NC	28152-7188

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ACHIEVE LEARNING CENTER	SPECIAL NEEDS PROFESSIONAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1152.08

Transaction ID : SA17.70010

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1152.08

IN-KIND: EVENT CATERING

Subtotal Of Receipts This Page (optional).....▶ _____ 6552.08

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOHN F. LEHMAN

Mailing Address 1054 CREAMERY RD

City	State	Zip Code
NEWTOWN	PA	18940-2816

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
JF LEHMAN AND CO.	INVESTMENT BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1283

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JOHN F. LEHMAN

Mailing Address 1054 CREAMERY RD

City	State	Zip Code
NEWTOWN	PA	18940-2816

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
JF LEHMAN AND CO.	INVESTMENT BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71600

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
GREGORY LEMAN

Mailing Address 4241 N ROCK CREEK LOOP

City	State	Zip Code
WACO	TX	76708-7032

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BAYLOR UNIVERSITY	PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69419

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RACHAEL LEMAN

Mailing Address PSC 559

City State Zip Code
FPO AP 96377-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LINDSEY GRAHAM 2016 POLICY DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.69239

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DONALD D. LEONARD

Mailing Address 3501 N KINGS HWY

City State Zip Code
MYRTLE BEACH SC 29577-2970

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LEONARD, CALL & ASSOC. DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1084

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ERIC LEVINE

Mailing Address 16 RANDOM FARMS CIR

City State Zip Code
CHAPPAQUA NY 10514-1000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.64

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CLIFF LEVY

Mailing Address **3641 W KENNEDY BLVD**
A

City **TAMPA** State **FL** Zip Code **33609-2851**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NALE DEVELOPMENTS (FLORIDA), INC.** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.72775

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. EDWARD C. LEVY JR.

Mailing Address **970 SHIRLEY RD**

City **BIRMINGHAM** State **MI** Zip Code **48009-3730**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EDWARD C. LEVY COMPANY** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.1463

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. EDWARD C. LEVY JR.

Mailing Address **970 SHIRLEY RD**

City **BIRMINGHAM** State **MI** Zip Code **48009-3730**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EDWARD C. LEVY COMPANY** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.67268

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **5900.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. EDWARD C. LEVY JR.

Mailing Address 970 SHIRLEY RD

City	State	Zip Code
BIRMINGHAM	MI	48009-3730

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
EDWARD C. LEVY COMPANY	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67268B

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			11			2015			

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. EDWARD C. LEVY JR.

Mailing Address 970 SHIRLEY RD

City	State	Zip Code
BIRMINGHAM	MI	48009-3730

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
EDWARD C. LEVY COMPANY	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69745

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			11			2015			

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
HAROLD LEVY

Mailing Address 1000 S OCEAN BLVD
STE 404

City	State	Zip Code
BOCA RATON	FL	33432-7733

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
IRIDIAN	FINANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
AMY LEWIS

Mailing Address 906 RUSSELL AVE

City State Zip Code
LOS ALTOS CA 94024-5062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ORACLE SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.990

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. JEFFERY M. LEWIS

Mailing Address 9004 YELLOW PINE CT.

City State Zip Code
WAXHAW NC 28173-8373

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
POWERTECH, LLC MANUFACTURING REP.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.68864

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. JEFFERY M. LEWIS

Mailing Address 9004 YELLOW PINE CT.

City State Zip Code
WAXHAW NC 28173-8373

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
POWERTECH, LLC MANUFACTURING REP.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.68994

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 2500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ENID I. LIEBER

Mailing Address **1001 TIVERTON AVE
APT 3125**

City **LOS ANGELES** State **CA** Zip Code **90024-3097**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1239

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. HARRY M. LIGHTSEY

Mailing Address **3133 CONNECTICUT AVENUE NW APT. 93**

City **WASHINGTON** State **DC** Zip Code **20008-5112**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GENERAL MOTORS** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69021

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOHN LIKOVICH

Mailing Address **1075 ARION PKWY**

City **SAN ANTONIO** State **TX** Zip Code **78216-2883**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STERLING FOODS, LLC** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17.71916

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5000.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional)..... **7000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DR. FRANK LITVACK

Mailing Address **3350 WILSHIRE BLVD
STE 840**

City **LOS ANGELES** State **CA** Zip Code **90010-1832**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.28

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
HSIU JU LIU

Mailing Address **6747 N. DURANT**

City **FRESNO** State **CA** Zip Code **93711-1383**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FRESNO CITY COLLEGE** Occupation **TEACHER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71755

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES LIVINGSTON

Mailing Address **365 COOPER RIVER DRIVE**

City **MT PLEASANT** State **SC** Zip Code **29464-1815**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **MILITARY RETIRED/CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.72769

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **3450.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MICHAEL D. LOCKHART

Mailing Address 202 E MARION ST

City State Zip Code
LANCASTER PA 17602-2758

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.518

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
GLENN LONG

Mailing Address 118 FARM TERRACE CT.

City State Zip Code
EASLEY SC 29642-7870

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BLUE RIDGE PROPERTIES LLC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1864

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LEONARD L. LONG

Mailing Address 239 BEAUTY BERRY CT

City State Zip Code
KIAWAH ISLAND SC 29455-5827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.72767

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 3600.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 334 / 893									
	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial) MR. FRANKLIN M. LOOPER JR.		Transaction ID : SA17.1586	
Mailing Address 311 LITTLE POND RD		Date of Receipt MM / DD / YYYY 05 / 01 / 2015	
City EASLEY	State SC	Zip Code 29640-9525	
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 500.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1400.00	

B. Full Name (Last, First, Middle Initial) MR. FRANKLIN M. LOOPER JR.		Transaction ID : SA17.68820	
Mailing Address 311 LITTLE POND RD		Date of Receipt MM / DD / YYYY 06 / 25 / 2015	
City EASLEY	State SC	Zip Code 29640-9525	
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 300.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1400.00	

C. Full Name (Last, First, Middle Initial) MR. FRANKLIN M. LOOPER JR.		Transaction ID : SA17.69026	
Mailing Address 311 LITTLE POND RD		Date of Receipt MM / DD / YYYY 06 / 25 / 2015	
City EASLEY	State SC	Zip Code 29640-9525	
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 600.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1400.00	

Subtotal Of Receipts This Page (optional).....▶ **1400.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. NANCY L. LOOPER

Mailing Address 311 LITTLE POND RD.

City	State	Zip Code
EASLEY	SC	29640-9525

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17.68986

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 600.00

B. Full Name (Last, First, Middle Initial)
MARVIN M. LOTZ

Mailing Address 245 ASHDALE PLACE

City	State	Zip Code
LOS ANGELES	CA	90049-2432

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AMERICAN COMMERCIAL EQUITIES	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.69470

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

C. Full Name (Last, First, Middle Initial)
RANDY LOWELL

Mailing Address 734 SPARROW HAWK CT

City	State	Zip Code
BLYTHEWOOD	SC	29016-2100

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
WILLOUGHBY & HOEFER, PA	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17.1589

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3400.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RANDY LOWELL

Mailing Address 734 SPARROW HAWK CT

City State Zip Code
BLYTHEWOOD SC 29016-2100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WILLOUGHBY & HOEFER, PA ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.72759

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. DONALD L. LUCAS

Mailing Address 200 CAMINO AGUAJITO STE. 300

City State Zip Code
MONTEREY CA 93940-3372

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3700.00

Transaction ID : SA17.1522

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. DONALD L. LUCAS

Mailing Address 200 CAMINO AGUAJITO STE. 300

City State Zip Code
MONTEREY CA 93940-3372

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3700.00

Transaction ID : SA17.69296

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional).....▶ 4200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RYAN LUCKIE

Mailing Address **1001 S CHURCH ST
UNIT 50**

City **GREENVILLE** State **SC** Zip Code **29601-3719**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FLUOR CORP** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.1050

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
RYAN LUCKIE

Mailing Address **1001 S CHURCH ST
UNIT 50**

City **GREENVILLE** State **SC** Zip Code **29601-3719**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FLUOR CORP** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.74

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CHARLES LUREY

Mailing Address **224 COTTON DIKE ROAD**

City **ST HELENA ISLAND** State **SC** Zip Code **29920-3803**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
425.00

Transaction ID : SA17.1213

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional)..... **350.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CHARLES LUREY

Mailing Address **224 COTTON DIKE ROAD**

City State Zip Code
ST HELENA ISLAND SC 29920-3803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
425.00

Transaction ID : SA17.17

Date of Receipt
M M / D D / Y Y Y Y
04 16 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
CHARLES LUREY

Mailing Address **224 COTTON DIKE ROAD**

City State Zip Code
ST HELENA ISLAND SC 29920-3803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
425.00

Transaction ID : SA17.249

Date of Receipt
M M / D D / Y Y Y Y
02 10 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
CHARLES LUREY

Mailing Address **224 COTTON DIKE ROAD**

City State Zip Code
ST HELENA ISLAND SC 29920-3803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
425.00

Transaction ID : SA17.417

Date of Receipt
M M / D D / Y Y Y Y
05 08 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **225.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CHARLES LUREY

Mailing Address **224 COTTON DIKE ROAD**

City State Zip Code
ST HELENA ISLAND SC 29920-3803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
425.00

Transaction ID : SA17.71689

Date of Receipt
M M / D D / Y Y Y Y
06 15 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
CHARLES LUREY

Mailing Address **224 COTTON DIKE ROAD**

City State Zip Code
ST HELENA ISLAND SC 29920-3803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
425.00

Transaction ID : SA17.72609

Date of Receipt
M M / D D / Y Y Y Y
05 12 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
NATHAN LUSTMAN

Mailing Address **4267 MARINA CITY DR
UNIT 414W**

City State Zip Code
MARINA DEL REY CA 90292-5830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.263

Date of Receipt
M M / D D / Y Y Y Y
05 06 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

Subtotal Of Receipts This Page (optional).....▶ **2650.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 340 / 893

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MARIAN S. LYLES

Mailing Address 2105 LYNN AVE.

City ANDERSON State SC Zip Code 29621-1537

FEC ID number of contributing federal political committee.

Name of Employer CAROLINA BEER CO. Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1611

Date of Receipt
 M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DR. LOUIS B. LYNN

Mailing Address 85 OLDE SPRINGS ROAD

City COLUMBIA State SC Zip Code 29223-6002

FEC ID number of contributing federal political committee.

Name of Employer ENVIRO AGSCIENCE, INC Occupation CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1911

Date of Receipt
 M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DR. LOUIS B. LYNN

Mailing Address 85 OLDE SPRINGS ROAD

City COLUMBIA State SC Zip Code 29223-6002

FEC ID number of contributing federal political committee.

Name of Employer ENVIRO AGSCIENCE, INC Occupation CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.383

Date of Receipt
 M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DR. LOUIS B. LYNN

Mailing Address **85 OLDE SPRINGS ROAD**

City State Zip Code
COLUMBIA SC 29223-6002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ENVIRO AGSCIENCE, INC CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1750.00

Transaction ID : SA17.660

Date of Receipt
M M / D D / Y Y Y Y
05 06 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR. LOUIS B. LYNN

Mailing Address **85 OLDE SPRINGS ROAD**

City State Zip Code
COLUMBIA SC 29223-6002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ENVIRO AGSCIENCE, INC CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1750.00

Transaction ID : SA17.71749

Date of Receipt
M M / D D / Y Y Y Y
06 01 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JANET LYONS

Mailing Address **1783 TENNYSON ROW**

City State Zip Code
MT. PLEASANT SC 29466-7130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.71776

Date of Receipt
M M / D D / Y Y Y Y
06 01 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JANET LYONS

Mailing Address 1783 TENNYSON ROW

City State Zip Code
MT. PLEASANT SC 29466-7130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.859

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
STEWART MACDONALD

Mailing Address 24 WHEELER RD

City State Zip Code
LINCOLN MA 01773-2021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1854

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOHN MACNAIR

Mailing Address 5610 WISCONSIN AVE
1509

City State Zip Code
CHEVY CHASE MD 20815-4415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.71746

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1350.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOHN MACNAIR

Mailing Address **5610 WISCONSIN AVE**
1509

City **CHEVY CHASE** State **MD** Zip Code **20815-4415**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.741

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. TIMOTHY E. MADDEN

Mailing Address **4 THORNWOOD LN.**

City **GREENVILLE** State **SC** Zip Code **29605-3151**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NELSON, MULLINS ET AL.** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69222

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ASIF MAHMOOD

Mailing Address **9 DOVETAIL LN**

City **BRADBURY** State **CA** Zip Code **91008-1048**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.72801

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional)..... **3100.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JACK MALONEY

Mailing Address 12 PRESTWICK COURT

City	State	Zip Code
HILTON HEAD ISLAND	SC	29926-2600

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MSK COMMERCIAL	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.68741

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 500.00

B. Full Name (Last, First, Middle Initial)
LOUIS MALONE

Mailing Address 27 JOHNAR BLVD

City	State	Zip Code
RANCHO MIRAGE	CA	92270-2542

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17.72751

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			18			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
PETER MALONE

Mailing Address 149 RANDOPH AVENUE

City	State	Zip Code
MILTON	MA	02186-3524

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CSP ASSOCIATES, INC	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.72818

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			31			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3450.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. DAVID MANDARICH

Mailing Address **12 CHERRY HILLS PARK DRIVE**

City State Zip Code
CHERRY HILLS VILLAGE CO 80113-7175

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
M.D.C. HOLDINGS HOMEBUILDER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69651

Date of Receipt
M M / D D / Y Y Y Y
06 30 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DAVID MANESS

Mailing Address **578 CHIMNEY BLUFF DR.**

City State Zip Code
MOUNT PLEASANT SC 29464-8113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CACTUS, LLC MEDICAL PRODUCTS MANUFACTURING

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.71871

Date of Receipt
M M / D D / Y Y Y Y
06 29 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DAVID MANESS

Mailing Address **578 CHIMNEY BLUFF DR.**

City State Zip Code
MOUNT PLEASANT SC 29464-8113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CACTUS, LLC MEDICAL PRODUCTS MANUFACTURING

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.72789

Date of Receipt
M M / D D / Y Y Y Y
05 29 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **4700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
REBECCA LYNN MANN

Mailing Address **7 STONECUTTER LANE**

City **TAYLORS** State **SC** Zip Code **29687-4039**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GREENVILLE COUNTY SCHOOLS** Occupation **PUBLIC EDUCATION - PROGRAM DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71880

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BARRY A. MANNIS

Mailing Address **180 PLYMOUTH DRIVE**

City **SCARSDALE** State **NY** Zip Code **10583-6735**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SAMUEL CAPITAL MANAGEMENT LLC** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.71908

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
CLAIRE MANNING

Mailing Address **224 CHIMNEY HILL RD.**

City **COLUMBIA** State **SC** Zip Code **29209-1957**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71856

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **4700.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. CORY E. MANNING

Mailing Address **2807 DUNCAN STREET**

City **COLUMBIA** State **SC** Zip Code **29205-2521**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Transaction ID : SA17.69405

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT C. MANNING

Mailing Address **820 WHITT CAMPBELL RD.**

City **IVA** State **SC** Zip Code **29655-9086**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SC ELECTRIC COOPERATIVES** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Transaction ID : SA17.68860

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RUSSELL MANNIS

Mailing Address **89 COUNTRY RIDGE RD**

City **SCARSDALE** State **NY** Zip Code **10583-6625**

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 ▼ **1000.00**

Transaction ID : SA17.186

Date of Receipt
 M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **1750.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. ROBERT C. MARCONI

Mailing Address 152 N. WYNSTONE DR.

City	State	Zip Code
BARRINGTON	IL	60010-6947

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RCM INDUSTRIES	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67595

Date of Receipt
MM / DD / YYYY
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
WILLIAM MARCUS

Mailing Address 99-50 FLORENCE ST.

City	State	Zip Code
CHESTNUT HILL	MA	02467-1930

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71852

Date of Receipt
MM / DD / YYYY
06 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MRS. WILMA MARCUS

Mailing Address 750 PARK AVENUE NE

City	State	Zip Code
ATLANTA	GA	30326-3266

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67999

Date of Receipt
MM / DD / YYYY
06 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DAVID MARING

Mailing Address **P.O. BOX 806**

City	State	Zip Code
GEORGETOWN	SC	29442-0806

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17.72744

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	250.00
---	---------------

B. Full Name (Last, First, Middle Initial)
JEFFREY MARINE

Mailing Address **53 BEVERLY PARK**

City	State	Zip Code
BEVERLY HILLS	CA	90210-1546

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HYBRID/ JEM	MANUFACTURER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.72806

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	2700.00
---	----------------

C. Full Name (Last, First, Middle Initial)
VINCENT J. MARINO

Mailing Address **898 RANDALL DR**

City	State	Zip Code
MOUNT PLEASANT	SC	29464-4528

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CONTAINER MAINTENANCE CORP	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2600.00

Transaction ID : SA17.589

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	2600.00
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Subtotal Of Receipts This Page (optional).....

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Total This Period (last page this line number only).....

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SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. BRADFORD S. MARSHALL

Mailing Address **20 JAMESTOWN ROAD**

City **CHARLESTON** State **SC** Zip Code **29407-7526**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Transaction ID : SA17.69025

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
L. A. MARSHA JR.

Mailing Address **5655 PINEBRANCE RD.**

City **COLUMBIA** State **SC** Zip Code **29206-1502**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Transaction ID : SA17.109

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
L. A. MARSHA JR.

Mailing Address **5655 PINEBRANCE RD.**

City **COLUMBIA** State **SC** Zip Code **29206-1502**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Transaction ID : SA17.1781

Date of Receipt
 M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
L. A. MARSHA JR.

Mailing Address **5655 PINEBRANCE RD.**

City	State	Zip Code
COLUMBIA	SC	29206-1502

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.71481

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			15			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

B. Full Name (Last, First, Middle Initial)
L. A. MARSHA JR.

Mailing Address **5655 PINEBRANCE RD.**

City	State	Zip Code
COLUMBIA	SC	29206-1502

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.71485

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

C. Full Name (Last, First, Middle Initial)
L. A. MARSHA JR.

Mailing Address **5655 PINEBRANCE RD.**

City	State	Zip Code
COLUMBIA	SC	29206-1502

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.71487

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			28			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

Subtotal Of Receipts This Page (optional).....▶ _____ 300.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. J. LANDIE MARTIN

Mailing Address 150 VINE STREET

City State Zip Code
DENVER CO 80206-4627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PLATTE RIVER VENTURES FOUNDER AND MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69640

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. JOHN D. MARTIN

Mailing Address 1505 BELTLINE BLVD.

City State Zip Code
COLUMBIA SC 29205-1521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69403

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. MARK A. MARTINES

Mailing Address 108 DEBRA CIR.

City State Zip Code
EASLEY SC 29642-1015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SUMTER UTILITIES INC. SUPERINTENDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69787

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 4200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 353 / 893

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016**A. Full Name (Last, First, Middle Initial)****STEVEN MARX**

Mailing Address 4201 BAYSHORE BLVD., #401

City	State	Zip Code
TAMPA	FL	33611-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE CENTER FOR SALES STRATEGYOccupation
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17.72755

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			18			2015			

CONTRIBUTION

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)**RICK MASSEY**Mailing Address 900 S SHACKLEFORD RD
STE 401

City	State	Zip Code
LITTLE ROCK	AR	72211-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEAR STATE FINANCIALOccupation
CHAIRMAN

Receipt For: 2016

 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2600.00

Transaction ID : SA17.524

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2600.00

C. Full Name (Last, First, Middle Initial)**SARAH MASSIOS**

Mailing Address 413 WOODRIDGE DR

City	State	Zip Code
SENECA	SC	29672-2441

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLUE RIDGE EYE CENTER, PAOccupation
PRACTICE ADMINISTRATOR

Receipt For: 2016

 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17.274

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....

3100.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. BARBARA MASSMAN

Mailing Address 5508 TANBARK ROAD

City State Zip Code
DALLAS TX 75229-5559

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.67633

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MRS. CHARLOTTE H. MATITYAHU

Mailing Address 445 LAMBERT AVENUE

City State Zip Code
PALO ALTO CA 94306-2220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17.69797

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
8100.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
SANDRA MATTHEW

Mailing Address 29355 CASTLEHILL DR

City State Zip Code
AGOURA HILLS CA 91301-4432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MATTHEW & ASSOCIATES PROPERTY MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1753

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 9600.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)

MR. HENRY H. MAUZ JR.

Mailing Address 1608 VISCAINO RD.

City	State	Zip Code
PEBBLE BEACH	CA	93953-3303

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.69284

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)

DR. WILLIAM T. MAXSON

Mailing Address 1076 SPURLOCK

City	State	Zip Code
NICHOLASVILLE	KY	40356-9230

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	M.D.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1050.00

Transaction ID : SA17.1246

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 200.00

C. Full Name (Last, First, Middle Initial)

DR. WILLIAM T. MAXSON

Mailing Address 1076 SPURLOCK

City	State	Zip Code
NICHOLASVILLE	KY	40356-9230

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	M.D.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1050.00

Transaction ID : SA17.1644

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 200.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1400.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DR. WILLIAM T. MAXSON

Mailing Address 1076 SPURLOCK

City State Zip Code
NICHOLASVILLE KY 40356-9230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED M.D.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1050.00

Transaction ID : SA17.67585

Date of Receipt
MM / DD / YYYY
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
DR. WILLIAM T. MAXSON

Mailing Address 1076 SPURLOCK

City State Zip Code
NICHOLASVILLE KY 40356-9230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED M.D.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1050.00

Transaction ID : SA17.69262

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
DR. WILLIAM T. MAXSON

Mailing Address 1076 SPURLOCK

City State Zip Code
NICHOLASVILLE KY 40356-9230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED M.D.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1050.00

Transaction ID : SA17.71287

Date of Receipt
MM / DD / YYYY
06 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 450.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DR. WILLIAM T. MAXSON

Mailing Address 1076 SPURLOCK

City	State	Zip Code
NICHOLASVILLE	KY	40356-9230

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	M.D.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71606

Date of Receipt

M M / D D / Y Y Y Y
06 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DR. WILLIAM T. MAXSON

Mailing Address 1076 SPURLOCK

City	State	Zip Code
NICHOLASVILLE	KY	40356-9230

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	M.D.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72705

Date of Receipt

M M / D D / Y Y Y Y
05 / 21 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DAVID MAZAHERI

Mailing Address 2200 WILSON BLVD.
102-448

City	State	Zip Code
ARLINGTON	VA	22201-3397

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INTELLAINE	MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.27

Date of Receipt

M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DAVID MAZAHERI

Mailing Address **2200 WILSON BLVD.**
102-448

City State Zip Code
ARLINGTON VA 22201-3397

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INTELLAINE MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1050.00

Transaction ID : SA17.71083

Date of Receipt
M M / D D / Y Y Y Y
06 01 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
RICKY MCABEE

Mailing Address **P.O. BOX 341**

City State Zip Code
ROEBUCK SC 29376-0341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROEBUCK GREENHOUSES, INC. OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.910

Date of Receipt
M M / D D / Y Y Y Y
02 05 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MICHAEL MCCALISTER

Mailing Address **127 JULIAN DR**

City State Zip Code
SENECA SC 29678-3810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.1125

Date of Receipt
M M / D D / Y Y Y Y
05 08 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **1150.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MICHAEL MCCALISTER

Mailing Address 127 JULIAN DR

City State Zip Code
SENECA SC 29678-3810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.376

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MICHAEL MCCALISTER

Mailing Address 127 JULIAN DR

City State Zip Code
SENECA SC 29678-3810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.83

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. PETER L. MCCALL JR.

Mailing Address 3316 SOCIETY HILL ROAD

City State Zip Code
SOCIETY HILL SC 29593-8201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1312

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 450.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. PETER L. MCCALL JR.

Mailing Address 3316 SOCIETY HILL ROAD

City State Zip Code
SOCIETY HILL SC 29593-8201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69208

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOHN NICHOLS MCCARTER JR.

Mailing Address P.O. BOX 1775

City State Zip Code
COLUMBIA SC 29202-1775

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DEFENDER SERVICES PRESIDENT/ CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.72782

Date of Receipt
M M / D D / Y Y Y Y
05 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. SAMUEL W. MCCONNELL JR.

Mailing Address 27 BAINBRIDGE DRIVE

City State Zip Code
CHARLESTON SC 29407-4240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.356

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. SAMUEL W. MCCONNELL JR.

Mailing Address 27 BAINBRIDGE DRIVE

City State Zip Code
CHARLESTON SC 29407-4240

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69443

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. DONALD E. MCCORD

Mailing Address 708 SPARKLEBERRY LN

City State Zip Code
COLUMBIA SC 29229-8622

FEC ID number of contributing federal political committee.

Name of Employer Occupation
COOPERATIVE ELECTRIC ENERGY VP SALES & CUSTOMER SERVICE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68824

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. JOHN H. MCCOSKRIE

Mailing Address 3517 N. SAN MIGUEL STREET

City State Zip Code
TAMPA FL 33629-7005

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67145

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
TOMMY MCCREA

Mailing Address 108 TRYON CT

City State Zip Code
GREENWOOD SC 29649-7200

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAROLINA PROSTHETICS AND ORTHOTICS, CERTIFIED PROSTHETIST ORTHOTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.1482

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RALPH C. MCCULLOUGH II

Mailing Address P.O. BOX 939

City State Zip Code
CHARLESTON SC 29402-0939

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHARLESTON SCHOOL OF LAW DEAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1142

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOSEPH M. MCELWEE SR.

Mailing Address 160 WALNUT STREET

City State Zip Code
CHESTER SC 29706-1538

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71745

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

<p>A. Full Name (Last, First, Middle Initial) JAMES MCFADDEN</p>			<p>Transaction ID : SA17.551</p>																					
<p>Mailing Address 906 RUSSELL AVE</p>			<p>Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>03</td><td></td><td></td><td>03</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	03			03			2015			
M	M	/	D	D	/	Y	Y	Y	Y															
03			03			2015																		
<p>City LOS ALTOS State CA Zip Code 94024-5062</p>		<p>CONTRIBUTION</p>																						
<p>FEC ID number of contributing federal political committee. C</p>			<p>Amount of Each Receipt this Period 1000.00</p>																					
<p>Name of Employer ORACLE Occupation SALES</p>		<p>Election Cycle-to-Date 1000.00</p>																						
<p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																								
<p>B. Full Name (Last, First, Middle Initial) SAM MCGILL</p>			<p>Transaction ID : SA17.71736</p>																					
<p>Mailing Address 887 TRAIL RIDGE RD</p>			<p>Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>06</td><td></td><td></td><td>01</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	06			01			2015			
M	M	/	D	D	/	Y	Y	Y	Y															
06			01			2015																		
<p>City AIKEN State SC Zip Code 29803-7734</p>		<p>CONTRIBUTION</p>																						
<p>FEC ID number of contributing federal political committee. C</p>			<p>Amount of Each Receipt this Period 250.00</p>																					
<p>Name of Employer ATLANTIC BROADBAND Occupation VP / GM</p>		<p>Election Cycle-to-Date 250.00</p>																						
<p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																								
<p>C. Full Name (Last, First, Middle Initial) LINDA MCKEE</p>			<p>Transaction ID : SA17.1191</p>																					
<p>Mailing Address 96 TREASURE LAKE</p>			<p>Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>03</td><td></td><td></td><td>24</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	03			24			2015			
M	M	/	D	D	/	Y	Y	Y	Y															
03			24			2015																		
<p>City DUBOIS State PA Zip Code 15801-9034</p>		<p>CONTRIBUTION</p>																						
<p>FEC ID number of contributing federal political committee. C</p>			<p>Amount of Each Receipt this Period 25.00</p>																					
<p>Name of Employer PENN HIGHLANDS HEALTHCARE-DUBOIS Occupation CANCER REGISTRY ABTRACTOR</p>		<p>Election Cycle-to-Date 250.00</p>																						
<p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																								

Subtotal Of Receipts This Page (optional).....▶ **1275.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LINDA MCKEE

Mailing Address 96 TREASURE LAKE

City	State	Zip Code
DUBOIS	PA	15801-9034

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PENN HIGHLANDS HEALTHCARE-DUBOIS	CANCER REGISTRY ABSTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17.306

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 25.00

B. Full Name (Last, First, Middle Initial)
LINDA MCKEE

Mailing Address 96 TREASURE LAKE

City	State	Zip Code
DUBOIS	PA	15801-9034

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PENN HIGHLANDS HEALTHCARE-DUBOIS	CANCER REGISTRY ABSTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17.554

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 25.00

C. Full Name (Last, First, Middle Initial)
LINDA MCKEE

Mailing Address 96 TREASURE LAKE

City	State	Zip Code
DUBOIS	PA	15801-9034

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PENN HIGHLANDS HEALTHCARE-DUBOIS	CANCER REGISTRY ABSTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17.70731

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 25.00

Subtotal Of Receipts This Page (optional).....▶ _____ 75.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

 Use separate schedule(s)
for each category of the
Detailed Summary Page

 FOR LINE NUMBER:
(check only one)

PAGE 365 / 893

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial) LINDA MCKEE		Transaction ID : SA17.71176																					
Mailing Address 96 TREASURE LAKE		Date of Receipt																					
City DUBOIS State PA Zip Code 15801-9034		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>06</td><td></td><td></td><td>10</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	06			10			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
06			10			2015																	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		CONTRIBUTION																					
Name of Employer PENN HIGHLANDS HEALTHCARE-DUBOIS		Amount of Each Receipt this Period																					
Occupation CANCER REGISTRY ABSTRACTOR		<input type="text" value="50.00"/>																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																					
		<input type="text" value="250.00"/>																					
B. Full Name (Last, First, Middle Initial) LINDA MCKEE		Transaction ID : SA17.71177																					
Mailing Address 96 TREASURE LAKE		Date of Receipt																					
City DUBOIS State PA Zip Code 15801-9034		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>06</td><td></td><td></td><td>01</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	06			01			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
06			01			2015																	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		CONTRIBUTION																					
Name of Employer PENN HIGHLANDS HEALTHCARE-DUBOIS		Amount of Each Receipt this Period																					
Occupation CANCER REGISTRY ABSTRACTOR		<input type="text" value="50.00"/>																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																					
		<input type="text" value="250.00"/>																					
C. Full Name (Last, First, Middle Initial) LINDA MCKEE		Transaction ID : SA17.998																					
Mailing Address 96 TREASURE LAKE		Date of Receipt																					
City DUBOIS State PA Zip Code 15801-9034		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>03</td><td></td><td></td><td>03</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	03			03			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
03			03			2015																	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		CONTRIBUTION																					
Name of Employer PENN HIGHLANDS HEALTHCARE-DUBOIS		Amount of Each Receipt this Period																					
Occupation CANCER REGISTRY ABSTRACTOR		<input type="text" value="50.00"/>																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																					
		<input type="text" value="250.00"/>																					

 Subtotal Of Receipts This Page (optional).....

 Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RICKY MCKEITHAN

Mailing Address 44 TRACK LN

City State Zip Code
LUGOFF SC 29078-8878

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MCKEITHAN FARMS LLC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.718

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
KENNETH L. MCKELVEY

Mailing Address 500 15TH AVE S

City State Zip Code
NORTH MYRTLE BEACH SC 29582-3914

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DEFENDER RESORTS, INC. CHAIRMAN/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1574

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. LARRY ALLEN MCKINNEY

Mailing Address 114 FARM TERRACE COURT

City State Zip Code
EASLEY SC 29642-7870

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ELDECO INC. CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68898

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 8000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. E. SMYTH MCKISSICK III
Mailing Address 1611 PARKINS MILL RD

Transaction ID : SA17.69742

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

City State Zip Code
GREENVILLE SC 29607-3642

CONTRIBUTION

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

2800.00

Name of Employer
ALICE MANUFACTURING

Occupation
CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

B. Full Name (Last, First, Middle Initial)
MR. E. SMYTH MCKISSICK III
Mailing Address 1611 PARKINS MILL RD

Transaction ID : SA17.987

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

City State Zip Code
GREENVILLE SC 29607-3642

CONTRIBUTION

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

2600.00

Name of Employer
ALICE MANUFACTURING

Occupation
CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

C. Full Name (Last, First, Middle Initial)
MR. FOSTER MCKISSICK IV
Mailing Address 2323 LAURENS RD.

Transaction ID : SA17.69618

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

City State Zip Code
GREENVILLE SC 29607-3246

CONTRIBUTION

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

2700.00

Name of Employer
FAIRWAY FORD INC.

Occupation
EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Subtotal Of Receipts This Page (optional).....▶ **8100.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MS. MARTHA W. MCKISSICK

Mailing Address 1611 PARKINS MILL ROAD

City GREENVILLE	State SC	Zip Code 29607-3642
---------------------------	--------------------	-------------------------------

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 ▼
 _____ 5400.00

Transaction ID : SA17.525

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		03		2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2600.00

B. Full Name (Last, First, Middle Initial)
MS. MARTHA W. MCKISSICK

Mailing Address 1611 PARKINS MILL ROAD

City GREENVILLE	State SC	Zip Code 29607-3642
---------------------------	--------------------	-------------------------------

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 ▼
 _____ 5400.00

Transaction ID : SA17.69398

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2800.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
JAMES MCLAWHORN

Mailing Address 2619 BEVERWYCK RD

City CHARLOTTE	State NC	Zip Code 28211-3305
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MARSH PROPERTIES LLC	Occupation EXECUTIVE
---	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.1270

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		08		2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 5900.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. AUGUSTUS A. MCLEAN III

Mailing Address **342 E. PARKINS MILL RD**

City **GREENVILLE** State **SC** Zip Code **29607-3714**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WORLD ACCEPTANCE COMPANY** Occupation **CHAIRMAN & CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.68825

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
JODIE W. MCLEAN

Mailing Address **724 SPRING LAKE RD**

City **COLUMBIA** State **SC** Zip Code **29206-2111**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EDENS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5200.00

Transaction ID : SA17.1850

Date of Receipt
 M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 5200.00

REFUND ISSUED ON 7/15/2015

C. Full Name (Last, First, Middle Initial)
WILLIAM A. MCLELLAN

Mailing Address **191 CLEAR SPRINGS CT**

City **GREER** State **SC** Zip Code **29651-7066**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RECOVER INC.** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2600.00

Transaction ID : SA17.299

Date of Receipt
 M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2600.00

Subtotal Of Receipts This Page (optional).....▶ _____ **8800.00**

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BILL MCLENDON

Mailing Address **236 RHETT ST
UNIT 204**

City **GREENVILLE** State **SC** Zip Code **29601-5002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MCAVIA GROUP, INC** Occupation **CEO, PEROT AEROSPACE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17.1489

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
BILL MCLENDON

Mailing Address **236 RHETT ST
UNIT 204**

City **GREENVILLE** State **SC** Zip Code **29601-5002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MCAVIA GROUP, INC** Occupation **CEO, PEROT AEROSPACE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17.1603

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
BILL MCLENDON

Mailing Address **236 RHETT ST
UNIT 204**

City **GREENVILLE** State **SC** Zip Code **29601-5002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MCAVIA GROUP, INC** Occupation **CEO, PEROT AEROSPACE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17.71520

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **225.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JOHN M. MCMAHAN

Mailing Address 155 TILLBROOK CT

City	State	Zip Code
FOUNTAIN INN	SC	29644-7346

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.110

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. JOHN M. MCMAHAN

Mailing Address 155 TILLBROOK CT

City	State	Zip Code
FOUNTAIN INN	SC	29644-7346

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68766

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MICHAEL MCMURPHY

Mailing Address 9324 GARDEN CT

City	State	Zip Code
POTOMAC	MD	20854-3962

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71833

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. JANICE S. MCNAIR

Mailing Address 108 N. POST OAK LANE STE. 600

City State Zip Code
HOUSTON TX 77024-7704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67296

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT C. MCNAIR

Mailing Address 1807 RIVER OAKS BLVD.

City State Zip Code
HOUSTON TX 77019-3109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE HOUSTON TEXANS CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67292

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
ALAN MCNALLY

Mailing Address P.O. BOX 565

City State Zip Code
SPICEWOOD TX 78669-0565

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.71909

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 8100.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MICHAEL G. MCSHANE

Mailing Address 1501 RAVENS POINT ROAD

City	State	Zip Code
JOHNS ISLAND	SC	29455-4733

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
JOHNS ISLAND ENTERPRISES, LLC	PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17.71817

Date of Receipt
MM / DD / YYYY
06 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
COL. JONATHAN MENDES USMC (RET.)

Mailing Address 1185 PARK AVENUE
11

City	State	Zip Code
NEW YORK	NY	10128-1308

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17.1399

Date of Receipt
MM / DD / YYYY
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
COL. JONATHAN MENDES USMC (RET.)

Mailing Address 1185 PARK AVENUE
11

City	State	Zip Code
NEW YORK	NY	10128-1308

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17.1503

Date of Receipt
MM / DD / YYYY
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
COL. JONATHAN MENDES USMC (RET.)

Mailing Address 1185 PARK AVENUE
11

City NEW YORK State NY Zip Code 10128-1308

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17.499

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
COL. JONATHAN MENDES USMC (RET.)

Mailing Address 1185 PARK AVENUE
11

City NEW YORK State NY Zip Code 10128-1308

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17.54

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
COL. JONATHAN MENDES USMC (RET.)

Mailing Address 1185 PARK AVENUE
11

City NEW YORK State NY Zip Code 10128-1308

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17.71591

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 300.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)

COL. JONATHAN MENDES USMC (RET.)

Mailing Address 1185 PARK AVENUE
11

City State Zip Code
NEW YORK NY 10128-1308

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.717

Date of Receipt

/ /

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

COL. JONATHAN MENDES USMC (RET.)

Mailing Address 1185 PARK AVENUE
11

City State Zip Code
NEW YORK NY 10128-1308

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72702

Date of Receipt

/ /

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

MR. ROBERT W. MERRICK

Mailing Address 430 NOTRE DAME ST.

City State Zip Code
NEW ORLEANS LA 70130-3610

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LATTER & BLUM, INC. REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69291

Date of Receipt

/ /

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 376 / 893

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)

DAVID MESSER

Mailing Address **1 ZACCHEUS MEAD LN**

City	State	Zip Code
GREENWICH	CT	06831-4418

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
FREEPOINT COMMODITIES LLC	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.185

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

NICOLE MEYER

Mailing Address **812 PARK AVE
APT 5D**

City	State	Zip Code
NEW YORK	NY	10021-2759

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RALPH LAUREN	CREATIVE DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1844

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			26			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

PAMELA MEYER

Mailing Address **12115 SE 16TH PL**

City	State	Zip Code
BELLEVUE	WA	98005-3802

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71739

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. STEVE MICHAEL

Mailing Address 111 CHATSWORTH ROAD

City	State	Zip Code
GREER	SC	29651-6816

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
S.F.P.	PRESIDENT / C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2500.00

Transaction ID : SA17.68901

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
DAVID LAWRENCE MICHEL

Mailing Address 15 STATE ST

City	State	Zip Code
CHARLESTON	SC	29401-3008

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MICHEL LAW FIRM, LLC	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17.722

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MR. CHARLES C. MICKEL

Mailing Address P.O. BOX 6847

City	State	Zip Code
GREENVILLE	SC	29606-6847

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	REAL ESTATE INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1500.00

Transaction ID : SA17.68783

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 1000.00

Subtotal Of Receipts This Page (optional)..... 4500.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. CHARLES C. MICKEL

Mailing Address **P.O. BOX 6847**

City **GREENVILLE** State **SC** Zip Code **29606-6847**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE INVESTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.68858

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JEFFREY MILES

Mailing Address **3420 VALLEY BROOK RD.**

City **NASHVILLE** State **TN** Zip Code **37215-2021**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE MILES ORGANIZATION, INC.** Occupation **INSURANCE BROKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

Transaction ID : SA17.71590

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JEFFREY MILES

Mailing Address **3420 VALLEY BROOK RD.**

City **NASHVILLE** State **TN** Zip Code **37215-2021**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE MILES ORGANIZATION, INC.** Occupation **INSURANCE BROKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

Transaction ID : SA17.71826

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **1100.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JEFFREY MILES

Mailing Address 3420 VALLEY BROOK RD.

City State Zip Code
NASHVILLE TN 37215-2021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE MILES ORGANIZATION, INC. INSURANCE BROKER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
850.00

Transaction ID : SA17.72749

Date of Receipt
M M / D D / Y Y Y Y
05 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
EITAN MILGRAM

Mailing Address 59 WACHUSETTE RD.

City State Zip Code
CHESTNUT HILL MA 02467-1123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WEISS ASSET MANAGEMENT INVESTMENT PROFESSIONAL

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.72780

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. ALON MILLER

Mailing Address 5145 AMESTOY AVENUE

City State Zip Code
ENCINO CA 91316-3414

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MILROS COMPANY PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.67141

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1500.00

Subtotal Of Receipts This Page (optional).....▶ 2750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BRUCE MILLER

Mailing Address 205 AIKEN HUNT CIR

City State Zip Code
COLUMBIA SC 29223-8408

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ZEPO SOUTH LLC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71857

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. C. DOUGLAS MILLER

Mailing Address 9 LAUREL HILL CT

City State Zip Code
BLUFFTON SC 29910-4918

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67219

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DANIEL MILLER

Mailing Address 10894 WILLOW HEIGHTS DRIVE

City State Zip Code
LAS VEGAS NV 89135-1706

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1722

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DANIEL MILLER

Mailing Address 10894 WILLOW HEIGHTS DRIVE

City State Zip Code
LAS VEGAS NV 89135-1706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1325.00

Transaction ID : SA17.1773

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DANIEL MILLER

Mailing Address 10894 WILLOW HEIGHTS DRIVE

City State Zip Code
LAS VEGAS NV 89135-1706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1325.00

Transaction ID : SA17.188

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
DANIEL MILLER

Mailing Address 10894 WILLOW HEIGHTS DRIVE

City State Zip Code
LAS VEGAS NV 89135-1706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1325.00

Transaction ID : SA17.443

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 1125.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DANIEL MILLER

Mailing Address 10894 WILLOW HEIGHTS DRIVE

City	State	Zip Code
LAS VEGAS	NV	89135-1706

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1325.00

Transaction ID : SA17.71552

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			28			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

B. Full Name (Last, First, Middle Initial)
DAVID K. MILLER

Mailing Address 10347 ALHAMBRA ST.

City	State	Zip Code
OVERLAND PARK	KS	66207-4017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.786

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

C. Full Name (Last, First, Middle Initial)
PHILIP MILLER M.D.

Mailing Address 400 N.E. 12TH AVENUE
308

City	State	Zip Code
HALLANDALE BEACH	FL	33009-4510

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1375.00

Transaction ID : SA17.1364

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

Subtotal Of Receipts This Page (optional).....▶ _____ 2900.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PHILIP MILLER M.D.

Mailing Address 400 N.E. 12TH AVENUE
308

City State Zip Code
HALLANDALE BEACH FL 33009-4510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1375.00

Transaction ID : SA17.296

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PHILIP MILLER M.D.

Mailing Address 400 N.E. 12TH AVENUE
308

City State Zip Code
HALLANDALE BEACH FL 33009-4510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1375.00

Transaction ID : SA17.487

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
PHILIP MILLER M.D.

Mailing Address 400 N.E. 12TH AVENUE
308

City State Zip Code
HALLANDALE BEACH FL 33009-4510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1375.00

Transaction ID : SA17.71531

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 1125.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PHILIP MILLER M.D.

Mailing Address 400 N.E. 12TH AVENUE
308

City State Zip Code
HALLANDALE BEACH FL 33009-4510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1375.00

Transaction ID : SA17.72433

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
PHILIP MILLER M.D.

Mailing Address 400 N.E. 12TH AVENUE
308

City State Zip Code
HALLANDALE BEACH FL 33009-4510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1375.00

Transaction ID : SA17.891

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
PHILIP MILLER M.D.

Mailing Address 400 N.E. 12TH AVENUE
308

City State Zip Code
HALLANDALE BEACH FL 33009-4510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1375.00

Transaction ID : SA17.963

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 150.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RON MILLER

Mailing Address **311 MILLER AVE.**

City State Zip Code
MILL VALLEY CA 94941-2844

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.71899

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
ADAM MILSTEIN

Mailing Address **16027 VENTURA BLVD., STE. 550**

City State Zip Code
ENCINO CA 91436-2796

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAGAR PACIFIC PROPERTIES REAL ESTATE MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.756

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
GILA MILSTEIN

Mailing Address **16027 VENTURA BLVD**

City State Zip Code
ENCINO CA 91436-2728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAGER PACIFIC REAL ESTATE INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.719

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional)..... **7900.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
GERARD MITCHELL

Mailing Address 7116 FAIRFAX ROAD

City State Zip Code
BETHESDA MD 20814-1235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEIN MITCHELL MUSE CIPOLLONE & BEAT TRIAL LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71807

Date of Receipt
M M / D D / Y Y Y Y
06 01 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RANDY MITCHELL

Mailing Address 220 20TH S STREET
305

City State Zip Code
ARLINGTON VA 22202-3615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DEPT HOMLEND SECURITY SYSTEM DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71737

Date of Receipt
M M / D D / Y Y Y Y
06 07 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LARRY A. MIZEL

Mailing Address 4350 S. MONACO ST
FL 5

City State Zip Code
DENVER CO 80237-3400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MDC HOLDINGS CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.68767

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional)..... **6150.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 387 / 893

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016**A.** Full Name (Last, First, Middle Initial)**MR. MICHAEL J. MIZEUR**

Mailing Address 30 DAVANT PLACE

City	State	Zip Code
COLUMBIA	SC	29209-0843

FEC ID number of contributing federal political committee. Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF **INFORMATION REQUESTED PER BEST EFF**Receipt For: 2016
 Primary General
 Other (specify) ▼Election Cycle-to-Date ▼
Transaction ID : SA17.68799

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
B. Full Name (Last, First, Middle Initial)**A. PETER MONACO JR.**

Mailing Address 311 MARLBOROUGH ST.

City	State	Zip Code
BOSTON	MA	02116-1608

FEC ID number of contributing federal political committee. Name of Employer Occupation
RAPTOR CAPITAL MANAGEMENT **PARTNER**Receipt For: 2016
 Primary General
 Other (specify) ▼Election Cycle-to-Date ▼
Transaction ID : SA17.604

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
C. Full Name (Last, First, Middle Initial)**ANTHONY P. MONACO**

Mailing Address 348 WASHINGTON STREET

City	State	Zip Code
WINCHESTER	MA	01890-2031

FEC ID number of contributing federal political committee. Name of Employer Occupation
RAPTOR GROUP HOLDINGS **INVESTMENTS**Receipt For: 2016
 Primary General
 Other (specify) ▼Election Cycle-to-Date ▼
Transaction ID : SA17.71915

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
Subtotal Of Receipts This Page (optional).....**Total This Period (last page this line number only)**.....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CHRISTINE MONTGOMERY

Mailing Address **1 ALBEMARLE DR NW**

City **ATLANTA** State **GA** Zip Code **30327-1856**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VERTA GROUP** Occupation **PROJECT MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.71849

Date of Receipt
 M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
JAMES MONTGOMERY

Mailing Address **6307 WATERFORD BLVD
STE 230**

City **OKLAHOMA CITY** State **OK** Zip Code **73118-1137**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 750.00

Transaction ID : SA17.1417

Date of Receipt
 M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
JAMES MONTGOMERY

Mailing Address **6307 WATERFORD BLVD
STE 230**

City **OKLAHOMA CITY** State **OK** Zip Code **73118-1137**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 750.00

Transaction ID : SA17.1888

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1500.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JAMES MONTGOMERY

Mailing Address **6307 WATERFORD BLVD
STE 230**

City **OKLAHOMA CITY** State **OK** Zip Code **73118-1137**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17.71781

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RONALD MOODY

Mailing Address **709 ELDER AVE**

City **IMPERIAL BEACH** State **CA** Zip Code **91932-2715**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **WRITER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
280.00

Transaction ID : SA17.71766

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RONALD MOODY

Mailing Address **709 ELDER AVE**

City **IMPERIAL BEACH** State **CA** Zip Code **91932-2715**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **WRITER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
280.00

Transaction ID : SA17.877

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
30.00

Subtotal Of Receipts This Page (optional)..... **530.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
REBECCA CELESTE MOON

Mailing Address 3300 WINDY RIDGE PARKWAY SE
1013

City ATLANTA State GA Zip Code 30339-8404

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71738

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JAMES F. MOONEY III

Mailing Address 171 EDMUNDS RD

City WELLESLEY HILLS State MA Zip Code 02481-1331

FEC ID number of contributing federal political committee.

Name of Employer THE BAUPOST GROUP, LLC Occupation INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1262

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MICHAEL MOORE

Mailing Address 4825 DEANSCROFT DR

City CHARLOTTE State NC Zip Code 28226-3294

FEC ID number of contributing federal political committee.

Name of Employer AOC ONE Occupation SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.610

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ROBERT C. MOOREHEAD

Mailing Address **243 GARDEN LAKES DR**

City **BLACKSBURG** State **SC** Zip Code **29702-9226**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1301

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT C. MOORHEAD

Mailing Address **210 S. GRANARD STREET**

City **GAFFNEY** State **SC** Zip Code **29341-2347**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Transaction ID : SA17.592

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT C. MOORHEAD

Mailing Address **210 S. GRANARD STREET**

City **GAFFNEY** State **SC** Zip Code **29341-2347**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Transaction ID : SA17.595

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **2000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. ROBERT C. MOORHEAD

Mailing Address **210 S. GRANARD STREET**

City **GAFFNEY** State **SC** Zip Code **29341-2347**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Transaction ID : SA17.67099

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT C. MOORHEAD

Mailing Address **210 S. GRANARD STREET**

City **GAFFNEY** State **SC** Zip Code **29341-2347**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Transaction ID : SA17.67159

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT C. MOORHEAD

Mailing Address **210 S. GRANARD STREET**

City **GAFFNEY** State **SC** Zip Code **29341-2347**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Transaction ID : SA17.67160

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

REDESIGNATION REQUESTED

Subtotal Of Receipts This Page (optional).....▶ **2000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
GENE MORAN

Mailing Address **10676 JOHN AYRES DR**

City **FAIRFAX** State **VA** Zip Code **22032-3136**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CAPITOL INTEGRATION** Occupation **GOVERNMENT RELATIONS CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1094

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period

500.00								
--------	--	--	--	--	--	--	--	--

B. Full Name (Last, First, Middle Initial)
MR. THOMAS MORAN

Mailing Address **3751 ROBERT M. GRISSOM PARKWAY
SUITE 300**

City **MYRTLE BEACH** State **SC** Zip Code **29577-6412**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NELSON, MULLINS ET AL.** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69400

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2700.00								
---------	--	--	--	--	--	--	--	--

C. Full Name (Last, First, Middle Initial)
BARBARA L. MORRIS

Mailing Address **537 N CHEROKEE AVE**

City **LOS ANGELES** State **CA** Zip Code **90004-1006**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RDL, INC.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1024

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2600.00								
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Subtotal Of Receipts This Page (optional).....▶

5800.00

Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. DEAN N. MORRISON

Mailing Address 12250 SW 33RD AVENUE

City: PORTLAND State: OR Zip Code: 97219-8254

FEC ID number of contributing federal political committee. **C**

Name of Employer: SELF-EMPLOYED Occupation: CIVIL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **300.00**

Transaction ID : SA17.67126

Date of Receipt
 M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. DEAN N. MORRISON

Mailing Address 12250 SW 33RD AVENUE

City: PORTLAND State: OR Zip Code: 97219-8254

FEC ID number of contributing federal political committee. **C**

Name of Employer: SELF-EMPLOYED Occupation: CIVIL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **300.00**

Transaction ID : SA17.67370

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. DEAN N. MORRISON

Mailing Address 12250 SW 33RD AVENUE

City: PORTLAND State: OR Zip Code: 97219-8254

FEC ID number of contributing federal political committee. **C**

Name of Employer: SELF-EMPLOYED Occupation: CIVIL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **300.00**

Transaction ID : SA17.69376

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **300.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
GILIT MORRIS

Mailing Address 411 N. CITRUS AVE.

City State Zip Code
LOS ANGELES CA 90036-2631

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1756

Date of Receipt
MM / DD / YYYY
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DR. ROBERT I. MORRIS

Mailing Address 537 N CHEROKEE AVE

City State Zip Code
LOS ANGELES CA 90004-1006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RDL, INC. PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1474

Date of Receipt
MM / DD / YYYY
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
SAM MORRIS

Mailing Address 411 N CITRUS AVE

City State Zip Code
LOS ANGELES CA 90036-2631

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RDL, INC. LAB MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.864

Date of Receipt
MM / DD / YYYY
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 8000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JAMES C. MORTON JR.

Mailing Address **810 CRESCENT AVE**

City **GREENVILLE** State **SC** Zip Code **29601-4415**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1321

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
FURMAN MOSELEY

Mailing Address **411 UNIVERSITY ST.
SUITE 1200**

City **SEATTLE** State **WA** Zip Code **98101-2519**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71876

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DAN MOSKOWITZ

Mailing Address **11 PILGRIM RD**

City **RYE** State **NY** Zip Code **10580-1922**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ENT ASSOC.** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1707

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional)..... **6200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RICK MOSTELLER

Mailing Address **574 NEEDLERUSH PK**

City State Zip Code
MOUNT PLEASANT SC 29464-6246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FORT SUMTER TOURS MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71775

Date of Receipt
M M / D D / Y Y Y Y
06 02 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PAUL MOURIS

Mailing Address **30 RIVER FALLS DRIVE**

City State Zip Code
COCOA BEACH FL 32931-2396

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71747

Date of Receipt
M M / D D / Y Y Y Y
06 18 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
O. WARREN MOWRY JR.

Mailing Address **25 AUGUSTA COURT**

City State Zip Code
GREENVILLE SC 29605-1952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
8TH CIRCUIT SOLICITOR'S OFFICE ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.71863

Date of Receipt
M M / D D / Y Y Y Y
06 30 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **1500.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
O. WARREN MOWRY JR.

Mailing Address **25 AUGUSTA COURT**

City State Zip Code
GREENVILLE SC 29605-1952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
8TH CIRCUIT SOLICITOR'S OFFICE ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.853

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BIRCH M. MULLENS

Mailing Address **201 S WARSON RD**

City State Zip Code
SAINT LOUIS MO 63124-1207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.248

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. BOBBY MULLIKIN

Mailing Address **7200 LIBERTY HIGHWAY**

City State Zip Code
PENDLETON SC 29670-9316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.69461

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
300.00

Subtotal Of Receipts This Page (optional)..... **1550.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
TERENCE MURPHY

Mailing Address 5606 NETHERLAND CT.

City	State	Zip Code
DALLAS	TX	75229-5567

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71812

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DEIDRE MYERS

Mailing Address P.O. BOX 2399

City	State	Zip Code
CAMDEN	SC	29020-8007

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFO REQUESTED PER BEST EFFORTS	INFO REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72953

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
FRED M. MYERS

Mailing Address 1472 BOYKIN RD

City	State	Zip Code
REMBERT	SC	29128-9610

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MYERS TIMER COMPANY	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1180

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			19			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JAMES M. MYERS

Mailing Address **P.O. BOX 2399**

City	State	Zip Code
CAMDEN	SC	29020-8007

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MYERS AND CO., LLC	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1869

Date of Receipt
MM / DD / YYYY
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
STEVEN NAIFEH

Mailing Address **129 FIRST AVENUE**

City	State	Zip Code
AIKEN	SC	29801-4862

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
WOODWARD/WHITE, INC.	WRITER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71844

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MS. ANITA L. NALLEY

Mailing Address **P.O. BOX 1929**

City	State	Zip Code
EASLEY	SC	29641-1929

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69298

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **6300.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. GEORGE B. NALLEY JR.

Mailing Address **PO BOX 1929**

City **EASLEY** State **SC** Zip Code **29614**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.69261

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

B. Full Name (Last, First, Middle Initial)
MR. GEORGE WESTON NALLEY JR.

Mailing Address **1416 POWDERSVILLE RD**

City **EASLEY** State **SC** Zip Code **29642-3548**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NALLEY CONSTRUCTION COMPANY** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.69260

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

C. Full Name (Last, First, Middle Initial)
ANA NAVARRO

Mailing Address **2907 COLUMBUS BLVD.**

City **CORAL GABLES** State **FL** Zip Code **33134-6310**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17.71752

Date of Receipt
 M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ **5650.00**

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JACOB NAVON

Mailing Address 318 GREEN'S FARMS ROAD

City	State	Zip Code
WESTPORT	CT	06880-6329

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
WESTWOOD PARTNERS LLC	EXECUTIVE SEARCH

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.1398

Date of Receipt
MM / DD / YYYY
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JACOB NAVON

Mailing Address 318 GREEN'S FARMS ROAD

City	State	Zip Code
WESTPORT	CT	06880-6329

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
WESTWOOD PARTNERS LLC	EXECUTIVE SEARCH

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.25

Date of Receipt
MM / DD / YYYY
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JACOB NAVON

Mailing Address 318 GREEN'S FARMS ROAD

City	State	Zip Code
WESTPORT	CT	06880-6329

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
WESTWOOD PARTNERS LLC	EXECUTIVE SEARCH

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.71800

Date of Receipt
MM / DD / YYYY
06 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ROBERT NEAL

Mailing Address 4100 NEWPORT PLACE DR
STE 820

City NEWPORT BEACH State CA Zip Code 92660-1403

FEC ID number of contributing federal political committee. C

Name of Employer HAGER PACIFIC Occupation MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify) Election Cycle-to-Date 1000.00

Transaction ID : SA17.1796

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. DAVID H. NELSON

Mailing Address 4048 W. PELICAN LANE

City FLORENCE State SC Zip Code 29501-8405

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) Election Cycle-to-Date 300.00

Transaction ID : SA17.1204

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID H. NELSON

Mailing Address 4048 W. PELICAN LANE

City FLORENCE State SC Zip Code 29501-8405

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) Election Cycle-to-Date 300.00

Transaction ID : SA17.68617

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
200.00

Subtotal Of Receipts This Page (optional)..... 1300.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JERRY M. NEUMANN

Mailing Address 39 FIELDSTON RD

City State Zip Code
PRINCETON NJ 08540-6429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NEU VENTURE CAPITAL VENTURE CAPITALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.699

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MRS. SUSIE L. NEW

Mailing Address 382 NEW ROAD

City State Zip Code
ABBEVILLE SC 29620-5568

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68877

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES NEWSOME

Mailing Address 245 COOPER RIVER DR

City State Zip Code
MOUNT PLEASANT SC 29464-1814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SC STATE PORTS AUTHORITY CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1155

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JOE T. NICHOLSON

Mailing Address **381 CHANDLER RD.**

City State Zip Code
PELZER SC 29669-9675

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONVENIENCE STORE OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68856

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
STEVEN NICHOLS

Mailing Address **P.O. BOX 6526**

City State Zip Code
MALIBU CA 90264-6526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.298

Date of Receipt
M M / D D / Y Y Y Y
02 24 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MARILYN C. NORTON

Mailing Address **108 LLOYD STREET**

City State Zip Code
SENECA SC 29678-2616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.654

Date of Receipt
M M / D D / Y Y Y Y
05 08 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ **3050.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MARILYN C. NORTON

Mailing Address 108 LLOYD STREET

City State Zip Code
SENECA SC 29678-2616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.68604

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MARILYN C. NORTON

Mailing Address 108 LLOYD STREET

City State Zip Code
SENECA SC 29678-2616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.71672

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
GEORGE NTIM

Mailing Address 3 D'ALLESIO DRIVE

City State Zip Code
CARTERET NJ 07008-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NEW YORK MARRIOTT MARQUIS TOURISM EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71808

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... 700.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
K. KNOX NUNNALLY

Mailing Address **3421 MEADOWLAKE LANE**

City	State	Zip Code
HOUSTON	TX	77027-4106

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MCGUIREWOODS LLP	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71765

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
W. N. O'DELL

Mailing Address **P.O. BOX 540**

City	State	Zip Code
WARE SHOALS	SC	29692-0540

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.68897

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES C. OAKS

Mailing Address **4300 S BEACH PKWY
APT 4301**

City	State	Zip Code
JACKSONVILLE BEACH	FL	32250-8185

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RJ CORMAN RAILROAD GROUP	BOARD OF DIRECTORS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.217

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1500.00

Subtotal Of Receipts This Page (optional).....▶ 2250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PHILLIP R. OGDEN

Mailing Address 790 OLD LATHEMTOWN RD

City	State	Zip Code
CANTON	GA	30115-7018

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NORFOLK SOUTHERN	VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.708

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			17			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DONALD OLENICK

Mailing Address 180 E END AVE
APT 3H

City	State	Zip Code
NEW YORK	NY	10128-7778

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BLDG MANAGEMENT CO., INC.	GENERAL COUNSEL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1284

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DONALD OLENICK

Mailing Address 180 E END AVE
APT 3H

City	State	Zip Code
NEW YORK	NY	10128-7778

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BLDG MANAGEMENT CO., INC.	GENERAL COUNSEL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.421

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DONALD OLENICK

Mailing Address **180 E END AVE
APT 3H**

City **NEW YORK** State **NY** Zip Code **10128-7778**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BLDG MANAGEMENT CO., INC.** Occupation **GENERAL COUNSEL**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.67312

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DAVID E. OLSEN

Mailing Address **P.O. BOX 4690**

City **COLUMBIA** State **SC** Zip Code **29240-4690**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MILLER'S OF COLUMBIA, INC.** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1172

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
WILLIAM L. OTIS JR.

Mailing Address **496 MYRTLE AVE**

City **PAWLEYS ISLAND** State **SC** Zip Code **29585-7100**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1252

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **3200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BRENDA C. OWEN

Mailing Address **620 PETTIGRU ST**

City State Zip Code
GREENVILLE SC 29601-3119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.269

Date of Receipt
M M / D D / Y Y Y Y
02 05 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS OWENS

Mailing Address **P.O. BOX 9009**

City State Zip Code
SAN JOSE CA 95157-0009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TEXAS INSTRUMENTS OPERATIONS MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.1430

Date of Receipt
M M / D D / Y Y Y Y
05 08 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DANA PACHULSKI

Mailing Address **10100 SANTA MONICA BLVD**

City State Zip Code
LOS ANGELES CA 90067-4003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1506

Date of Receipt
M M / D D / Y Y Y Y
03 03 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **3450.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RICHARD PACHULSKI

Mailing Address 10100 SANTA MONICA BLVD
STE 1300

City State Zip Code
LOS ANGELES CA 90067-4114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.883

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DIANE M. PADEL FORD

Mailing Address 18104 S SUMMER AVE

City State Zip Code
ARTESIA CA 90701-3913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNEMPLOYED UNEMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Transaction ID : SA17.1205

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
DIANE M. PADEL FORD

Mailing Address 18104 S SUMMER AVE

City State Zip Code
ARTESIA CA 90701-3913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNEMPLOYED UNEMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Transaction ID : SA17.157

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
150.00

Subtotal Of Receipts This Page (optional).....▶ 2875.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DIANE M. PADEL FORD

Mailing Address **18104 S SUMMER AVE**

City **ARTESIA** State **CA** Zip Code **90701-3913**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UNEMPLOYED** Occupation **UNEMPLOYED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 325.00

Transaction ID : SA17.71085

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

B. Full Name (Last, First, Middle Initial)
DIANE M. PADEL FORD

Mailing Address **18104 S SUMMER AVE**

City **ARTESIA** State **CA** Zip Code **90701-3913**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UNEMPLOYED** Occupation **UNEMPLOYED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 325.00

Transaction ID : SA17.71086

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

C. Full Name (Last, First, Middle Initial)
DIANE M. PADEL FORD

Mailing Address **18104 S SUMMER AVE**

City **ARTESIA** State **CA** Zip Code **90701-3913**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UNEMPLOYED** Occupation **UNEMPLOYED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 325.00

Transaction ID : SA17.72532

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			28			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

Subtotal Of Receipts This Page (optional).....▶ _____ 150.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RON L. PAIGE

Mailing Address 1701 N OAK ST

City State Zip Code
MYRTLE BEACH SC 29577-3542

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HORRY COUNTY BANK BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1900.00

Transaction ID : SA17.562

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1900.00

B. Full Name (Last, First, Middle Initial)
OSWALDO J. PALOMO

Mailing Address 446 STURGES RD

City State Zip Code
FAIRFIELD CT 06824-2851

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ADS VENTURES SENIOR VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.744

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
DAVID S. PANKAU

Mailing Address 17 FOX CHASE RD.

City State Zip Code
COLUMBIA SC 29223-3005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BLUE CROSS BLUE SHIELD OF S.C. PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1021

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ 7200.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM PANNILL

Mailing Address **3709 PIPING ROCK LN.**

City	State	Zip Code
HOUSTON	TX	77027-4031

FEC ID number of contributing federal political committee. **C**

Name of Employer: **SELF-EMPLOYED**
Occupation: **LAWYER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : **SA17.67118**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM PANNILL

Mailing Address **3709 PIPING ROCK LN.**

City	State	Zip Code
HOUSTON	TX	77027-4031

FEC ID number of contributing federal political committee. **C**

Name of Employer: **SELF-EMPLOYED**
Occupation: **LAWYER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : **SA17.67605**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM PANNILL

Mailing Address **3709 PIPING ROCK LN.**

City	State	Zip Code
HOUSTON	TX	77027-4031

FEC ID number of contributing federal political committee. **C**

Name of Employer: **SELF-EMPLOYED**
Occupation: **LAWYER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : **SA17.69362**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

200.00

Subtotal Of Receipts This Page (optional)..... **500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LUCIEN PAPOUCHADO

Mailing Address **7 BURGUNDY ROAD SW**

City State Zip Code
AIKEN SC 29801-2893

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17.705

Date of Receipt
M M / D D / Y Y Y Y
03 24 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
LUCIEN PAPOUCHADO

Mailing Address **7 BURGUNDY ROAD SW**

City State Zip Code
AIKEN SC 29801-2893

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17.71843

Date of Receipt
M M / D D / Y Y Y Y
06 01 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
IVOR PARDEE

Mailing Address **4431 S KING RD**

City State Zip Code
GREER SC 29651-4729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LOCKHEED MARTIN CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17.70790

Date of Receipt
M M / D D / Y Y Y Y
06 23 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ **1275.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
IVOR PARDEE

Mailing Address 4431 S KING RD

City	State	Zip Code
GREER	SC	29651-4729

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LOCKHEED MARTIN	CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17.71758

Date of Receipt
MM / DD / YYYY
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BRENDAN PARETS

Mailing Address 425 L STREET, NW

City	State	Zip Code
WASHINGTON	DC	20001-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LINDSEY GRAHAM 2016	COUNSEL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69251

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MRS. CECILLE L. PARIDO

Mailing Address 4906 NEW PROVIDENCE AVENUE

City	State	Zip Code
TAMPA	FL	33629-4815

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RYLAN PROPERTY MANAGEMENT, INC.	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.67132

Date of Receipt
MM / DD / YYYY
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1250.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM J. PARK

Mailing Address 208 OVERBROOK RD

City	State	Zip Code
GREENWOOD	SC	29649-8561

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.69200

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 500.00

B. Full Name (Last, First, Middle Initial)
GEORGE PARKE

Mailing Address 750 N. THIRD

City	State	Zip Code
LACROSSE	WI	54601-3225

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CITY BREWERY	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17.71768

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			23			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
JAMES PARKER

Mailing Address 144 PINON DRIVE

City	State	Zip Code
CROWLEY LAKE	CA	93546-9720

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.71858

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1750.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. ROBERT N. PARKER

Mailing Address 7120 ABBEVILLE HWY.

City State Zip Code
ANDERSON SC 29624-7607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RANCHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68982

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. HENRY PARR

Mailing Address 322 WOODLAND WAY

City State Zip Code
GREENVILLE SC 29607-1751

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WYCHE ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.68906

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
R REX PARRIS

Mailing Address 43364 10TH ST WEST

City State Zip Code
LANCASTER CA 93534-6002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
R REX PARRIS LAW FIRM ATTORNEY/MAYOR CITY OF LANCASTER CA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71770

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
IGOR PASTERNAK

Mailing Address 1734 AEROS WAY

City	State	Zip Code
MONTEBELLO	CA	90640-6504

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AEROS	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Transaction ID : SA17.388

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2500.00

B. Full Name (Last, First, Middle Initial)
JOHN C. PATRICK

Mailing Address 606 SUNRISE VISTA WAY

City	State	Zip Code
SANTA BARBARA	CA	93109-1253

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RAYTHEON	VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.142

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

C. Full Name (Last, First, Middle Initial)
MR. L. LEON PATTERSON

Mailing Address 506 HIDDEN HILLS DR.

City	State	Zip Code
GREENVILLE	SC	29605-3270

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PALMETTO BANK	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.68980

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 6200.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. SARAH J. PATTERSON

Mailing Address 113 POND RIDGE RD

City COLUMBIA State SC Zip Code 29223-7007

FEC ID number of contributing federal political committee.

Name of Employer: MILITARY CHILD EDUCATION COALI Occupation: SENIOR TRAINER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68754

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DR. LAURENCE E. PAUL

Mailing Address 331 N. CLIFFWOOD AVENUE

City LOS ANGELES State CA Zip Code 90049-2617

FEC ID number of contributing federal political committee.

Name of Employer: LAUREL CROWN CAPITAL, LLC Occupation: PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1895

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			12			2015			

CONTRIBUTION

Amount of Each Receipt this Period

IN-KIND: FUNDRAISING EVENT COSTS

C. Full Name (Last, First, Middle Initial)
DR. LAURENCE E. PAUL

Mailing Address 331 N. CLIFFWOOD AVENUE

City LOS ANGELES State CA Zip Code 90049-2617

FEC ID number of contributing federal political committee.

Name of Employer: LAUREL CROWN CAPITAL, LLC Occupation: PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69202

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

CONTRIBUTION

Amount of Each Receipt this Period

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DR. LAURENCE E. PAUL

Mailing Address 331 N. CLIFFWOOD AVENUE

City	State	Zip Code
LOS ANGELES	CA	90049-2617

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
LAUREL CROWN CAPITAL, LLC	PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.974

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. DAVID PEARLMAN

Mailing Address 2924 BROWNELL AVE.

City	State	Zip Code
SULLIVANS ISLAND	SC	29482-9676

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
THE STEINBERG LAW FIRM	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67115

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MS. RACHEL T. PEARSON

Mailing Address 1272 NEW HAMPSHIRE AVENUE
APARTMENT 3

City	State	Zip Code
WASHINGTON	DC	20036-2310

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PEARSON & ASSOCIATES	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67114

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
EDWARD T. PENDARVIS

Mailing Address 565 SAVANNAH HWY

City State Zip Code
CHARLESTON SC 29407-7209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SUNBELT FOUNDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.646

Date of Receipt
MM / DD / YYYY
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
RICHARD PENNELL JR.

Mailing Address 216 CRESCENT AVE.

City State Zip Code
GREENVILLE SC 29605-2815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
METROMONT CORPORATION EXECUTIVE MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.71898

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
PAUL J. PENNOCK

Mailing Address 299 PAVONIA AVE., APT. 2-10

City State Zip Code
JERSEY CITY NJ 07302-1545

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WEITZ & LUXENBERG ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Transaction ID : SA17.67319

Date of Receipt
MM / DD / YYYY
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
4600.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional).....▶ 8300.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RUSSEL PERGAMENT

Mailing Address 37 HOLLY ROAD

City WABAN State MA Zip Code 02468-1411

FEC ID number of contributing federal political committee. **C**

Name of Employer DASF Occupation MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Transaction ID : SA17.71712

Date of Receipt

M M / D D / Y Y Y Y
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
RUSSEL PERGAMENT

Mailing Address 37 HOLLY ROAD

City WABAN State MA Zip Code 02468-1411

FEC ID number of contributing federal political committee. **C**

Name of Employer DASF Occupation MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Transaction ID : SA17.71798

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
RUSSEL PERGAMENT

Mailing Address 37 HOLLY ROAD

City WABAN State MA Zip Code 02468-1411

FEC ID number of contributing federal political committee. **C**

Name of Employer DASF Occupation MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Transaction ID : SA17.71799

Date of Receipt

M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **600.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RUSSEL PERGAMENT

Mailing Address **37 HOLLY ROAD**

City WABAN	State MA	Zip Code 02468-1411
----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer DASF	Occupation MANAGING PARTNER
---------------------------------	---------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Transaction ID : SA17.72795

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. JORDON PERLMUTTER

Mailing Address **P.O. BOX 480070**

City DENVER	State CO	Zip Code 80248-0070
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.1455

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
MR. JORDON PERLMUTTER

Mailing Address **P.O. BOX 480070**

City DENVER	State CO	Zip Code 80248-0070
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.68614

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **3000.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CRAIG PESKIN

Mailing Address **200 CLARENDON ST**

City **BOSTON** State **MA** Zip Code **02116-5021**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HIGHFIELDS CAPTIAL** Occupation **ANALYST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.100

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. JONATHAN PHELPS

Mailing Address **140 E. MORSE BLVD. UNIT B.**

City **WINTER PARK** State **FL** Zip Code **32789-7414**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FULL SAIL UNIVERSITY** Occupation **CO-CHAIRMAN CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69811

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
ALAN PHILLIPS

Mailing Address **123 MORNINGSIDE DR S**

City **WESTPORT** State **CT** Zip Code **06880-6304**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SPORTSCENTER OF CONNECTICUT** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.251

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 4700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KAREN PHILLIPS

Mailing Address 40 MURRAY BLVD

City	State	Zip Code
CHARLESTON	SC	29401-2318

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NELSON MULLINS LAW FIRM	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.246

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. SIDNEY PIKE

Mailing Address 2809 GLADE SPRINGS DR. NE

City	State	Zip Code
ATLANTA	GA	30345-4029

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1013

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. SIDNEY PIKE

Mailing Address 2809 GLADE SPRINGS DR. NE

City	State	Zip Code
ATLANTA	GA	30345-4029

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68610

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. SIDNEY PIKE

Mailing Address **2809 GLADE SPRINGS DR. NE**

City State Zip Code
ATLANTA GA 30345-4029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
225.00

Transaction ID : SA17.69259

Date of Receipt
M M / D D / Y Y Y Y
06 29 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
LAURIE PLATT

Mailing Address **28 GLEN ABBEY DR**

City State Zip Code
DALLAS TX 75248-2799

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.477

Date of Receipt
M M / D D / Y Y Y Y
04 10 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
TODD PLATT

Mailing Address **28 GLEN ABBEY DR**

City State Zip Code
DALLAS TX 75248-2799

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HILLWOOD CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.777

Date of Receipt
M M / D D / Y Y Y Y
04 10 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **1100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER PLEDGER

Mailing Address 119 COURTS LN

City State Zip Code
LITTLE ROCK AR 72223-9018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WESTROCK GROUP, LLC GENERAL COUNSEL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.124

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
RONALD PLOTKIN

Mailing Address 2801 TOWNSGATE RD., STE. 102

City State Zip Code
WESTLAKE VILLAGE CA 91361-3034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MONSTER CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1902

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR. BERT POOSER JR.

Mailing Address 1 SURREY CT

City State Zip Code
COLUMBIA SC 29212-3139

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IMIC HOTELS HOTEL OWNER, OPERATOR, DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1746

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 5700.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. BERT POOSER JR.

Mailing Address 1 SURREY CT

City	State	Zip Code
COLUMBIA	SC	29212-3139

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
IMIC HOTELS	HOTEL OWNER, OPERATOR, DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69265

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. LAWRENCE A. POST

Mailing Address 1160 TOWER ROAD

City	State	Zip Code
BEVERLY HILLS	CA	90210-2131

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ARENA CAPITAL	INVESTMENT ADVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67133

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN POWELL

Mailing Address P.O. BOX 152975

City	State	Zip Code
AUSTIN	TX	78715-2975

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CITY OF AUSTIN	CIVIL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1089

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOHN POWELL

Mailing Address P.O. BOX 152975

City	State	Zip Code
AUSTIN	TX	78715-2975

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CITY OF AUSTIN	CIVIL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 225.00

Transaction ID : SA17.1267

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

B. Full Name (Last, First, Middle Initial)
JOHN POWELL

Mailing Address P.O. BOX 152975

City	State	Zip Code
AUSTIN	TX	78715-2975

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CITY OF AUSTIN	CIVIL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 225.00

Transaction ID : SA17.183

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

C. Full Name (Last, First, Middle Initial)
JOHN POWELL

Mailing Address P.O. BOX 152975

City	State	Zip Code
AUSTIN	TX	78715-2975

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CITY OF AUSTIN	CIVIL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 225.00

Transaction ID : SA17.71092

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

Subtotal Of Receipts This Page (optional).....▶ _____ 150.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOHN POWELL

Mailing Address P.O. BOX 152975

City State Zip Code
AUSTIN TX 78715-2975

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CITY OF AUSTIN CIVIL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17.72533

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR. RICHARD C. POWELL

Mailing Address 3548 CAPTAINS WAY

City State Zip Code
KNOXVILLE TN 37922-9420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALCON FINANCIAL EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.69633

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
MR. MITCHELL H. POWERS

Mailing Address P.O. BOX 305

City State Zip Code
ENOREE SC 29335-0305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SEPTIC TANK BUSINESS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68859

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 2800.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. RONALD POWER

Mailing Address **40 ROYAL POINTE DRIVE**

City **HILTON HEAD** State **SC** Zip Code **29926-1166**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PUBLIX SUPERMARKETS** Occupation **PHARMACIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71762

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. RONALD POWER

Mailing Address **40 ROYAL POINTE DRIVE**

City **HILTON HEAD** State **SC** Zip Code **29926-1166**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PUBLIX SUPERMARKETS** Occupation **PHARMACIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71763

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
TOM PRIORESCHI

Mailing Address **1546 MAIN ST**
102

City **COLUMBIA** State **SC** Zip Code **29201-2843**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17.70690

Date of Receipt
 M M / D D / Y Y Y Y
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ **525.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
TOM PRIORESCHI

Mailing Address 1546 MAIN ST
102

City State Zip Code
COLUMBIA SC 29201-2843

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17.71748

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
A. MARVIN QUATTLEBAUM JR.

Mailing Address 81 FOREST LN

City State Zip Code
GREENVILLE SC 29605-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NELSON, MULLINS ET AL. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Transaction ID : SA17.502

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1300.00

C. Full Name (Last, First, Middle Initial)
JAMES QUATTLEBAUM

Mailing Address 2 BISHOP GADSDEN WAY
1037

City State Zip Code
CHARLESTON SC 29412-3579

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17.141

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 1650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JAMES QUATTLEBAUM

Mailing Address **2 BISHOP GADSDEN WAY**
1037

City **CHARLESTON** State **SC** Zip Code **29412-3579**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17.519

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JAMES QUATTLEBAUM

Mailing Address **2 BISHOP GADSDEN WAY**
1037

City **CHARLESTON** State **SC** Zip Code **29412-3579**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17.71809

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER QUICK

Mailing Address **3080 PURCHASE ST.**

City **PURCHASE** State **NY** Zip Code **10577-1619**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.71905

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **3700.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
SALMAN RABIE

Mailing Address 1455 MONACO DR.

City	State	Zip Code
PACIFIC PALISADES	CA	90272-2724

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SJ ASSET MANAGEMENT INC.	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17.1330

Date of Receipt
MM / DD / YYYY
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
SALMAN RABIE

Mailing Address 1455 MONACO DR.

City	State	Zip Code
PACIFIC PALISADES	CA	90272-2724

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SJ ASSET MANAGEMENT INC.	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17.424

Date of Receipt
MM / DD / YYYY
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SALMAN RABIE

Mailing Address 1455 MONACO DR.

City	State	Zip Code
PACIFIC PALISADES	CA	90272-2724

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SJ ASSET MANAGEMENT INC.	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17.71617

Date of Receipt
MM / DD / YYYY
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 450.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM H. RACKOFF

Mailing Address 3 TWIN PINE COURT

City State Zip Code
PITTSBURGH PA 15215-1564

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AKSO, INC. BUSINESS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17.69322

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
KATE RAHBANI

Mailing Address 10166 RUSH ST

City State Zip Code
EL MONTE CA 91733-3224

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SAFID BUSINESS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17.476

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MOHAMMED RAHBANI

Mailing Address 10166 RUSH ST

City State Zip Code
EL MONTE CA 91733-3224

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SAFID BUSINESS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17.996

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ANNE RAINEY

Mailing Address **267 FIRETOWER LANE**

City State Zip Code
CAMDEN SC 29020-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.511

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
JOHN S. RAINEY

Mailing Address **249 OAK HAVEN DR**

City State Zip Code
LEXINGTON SC 29072-7080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DEMO & RAINEY, LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.69658

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5200.00

REFUNDED \$2,600.00 ON 03/12/2015

C. Full Name (Last, First, Middle Initial)
ROBERT RAINEY

Mailing Address **1602 BOULEVARD**

City State Zip Code
ANDERSON SC 29621-4739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FOOTHILLS COMMUNITY FOUNDATION NONPROFIT EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71848

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **8800.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DHARMENDRA RAMA

Mailing Address 60 POINTE CIRCLE

City State Zip Code
GREENVILLE SC 29615-3568

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JHM HOTELS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1001.00

Transaction ID : SA17.72799

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1001.00

B. Full Name (Last, First, Middle Initial)
HAS Mukh RAMA

Mailing Address 60 POINTE CIRCLE

City State Zip Code
GREENVILLE SC 29615-3568

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JHM HOTELS HOTELIER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.72766

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES RAMICH

Mailing Address 200 BELTED KINGFISHER RD

City State Zip Code
KIawah ISLAND SC 29455-5769

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.1510

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1751.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LUCY RAO

Mailing Address 10166 RUSH ST

City	State	Zip Code
EL MONTE	CA	91733-3224

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CAI INDUSTRIES	BUSINESS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.347

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

B. Full Name (Last, First, Middle Initial)
WILLA RAO

Mailing Address 10166 RUSH ST

City	State	Zip Code
EL MONTE	CA	91733-3224

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CAI INDUSTRIES	BUSINESS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.1014

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

C. Full Name (Last, First, Middle Initial)
WOODY RASH

Mailing Address 23 STATE STREET

City	State	Zip Code
CHARLESTON	SC	29401-2812

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 350.00

Transaction ID : SA17.290

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

Subtotal Of Receipts This Page (optional).....▶ _____ 5500.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
WOODY RASH

Mailing Address **23 STATE STREET**

City State Zip Code
CHARLESTON SC 29401-2812

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.71741

Date of Receipt
M M / D D / Y Y Y Y
06 04 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CHARLES W. RAU

Mailing Address **8 POINT NORTH DR**

City State Zip Code
SALEM SC 29676-4113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.726

Date of Receipt
M M / D D / Y Y Y Y
05 01 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
BARAK RAVIV

Mailing Address **10023 WEST WANDA DR.**

City State Zip Code
BEVERLY HILLS CA 90210-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MORGAN STANLEY FINANCIAL ADVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17.191

Date of Receipt
M M / D D / Y Y Y Y
03 24 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **3000.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)

BARAK RAVIV

Mailing Address 10023 WEST WANDA DR.

City	State	Zip Code
BEVERLY HILLS	CA	90210-1428

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MORGAN STANLEY	FINANCIAL ADVISOR

Receipt For: 2016

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72779

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

MR. ALBERT RAY

Mailing Address 6127 SEACREST VIEW ROAD

City	State	Zip Code
SAN DIEGO	CA	92121-4123

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SCPMG	PHYSICIAN

Receipt For: 2016

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67962

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

GREGORY F. RAYBURN

Mailing Address 15 OCEAN COURSE DR

City	State	Zip Code
JOHNS ISLAND	SC	29455-5915

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
FLUROWATER	CHAIRMAN & CEO

Receipt For: 2016

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.480

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LAUREN S. REAUD

Mailing Address **98 SAN JACINTO BLVD
STE 1400**

City **AUSTIN** State **TX** Zip Code **78701-4296**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PRIVATEER CAPITAL MANAGEMENT, LP** Occupation **CEO & CO-CIO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.1429

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
LAUREN S. REAUD

Mailing Address **98 SAN JACINTO BLVD
STE 1400**

City **AUSTIN** State **TX** Zip Code **78701-4296**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PRIVATEER CAPITAL MANAGEMENT, LP** Occupation **CEO & CO-CIO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.71890

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
REAGAN REAUD

Mailing Address **98 SAN JACINTO BLVD
STE 1400**

City **AUSTIN** State **TX** Zip Code **78701-4296**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PRIVATEER CAPITAL MANAGEMENT, LP** Occupation **CEO & CO-CIO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.175

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **8100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
REAGAN REAUD

Mailing Address **98 SAN JACINTO BLVD
STE 1400**

City **AUSTIN** State **TX** Zip Code **78701-4296**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PRIVATEER CAPITAL MANAGEMENT, LP** Occupation **CEO & CO-CIO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.71889

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

B. Full Name (Last, First, Middle Initial)
RYANN REAUD

Mailing Address **101 COLORADO AT
1908**

City **AUSTIN** State **TX** Zip Code **78701-4103**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TRAVIS COUNTY** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.71888

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
CHARLES REAVIS

Mailing Address **1389 PANORA RIDGE ROAD**

City **OCEANSIDE** State **CA** Zip Code **92056-2217**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71829

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **5900.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOHN P. REED

Mailing Address **38 MINUTEMAN DRIVE**

City **BLUFFTON** State **SC** Zip Code **29910-7106**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BERKLEY HALL LLC** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1194

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
VERONICA REICH

Mailing Address **27 HOLBROOK DR**

City **STAMFORD** State **CT** Zip Code **06906-1510**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BAI POLLOCK BLUEWEISS AND MULLCAHEY** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1407

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
VERONICA REICH

Mailing Address **27 HOLBROOK DR**

City **STAMFORD** State **CT** Zip Code **06906-1510**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BAI POLLOCK BLUEWEISS AND MULLCAHEY** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.345

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **2000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DR. BRUCE P. REITER M.D.

Mailing Address **525 E 72ND ST
APT 45B**

City **NEW YORK** State **NY** Zip Code **10021-9614**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VHA** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17.1661

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DR. BRUCE P. REITER M.D.

Mailing Address **525 E 72ND ST
APT 45B**

City **NEW YORK** State **NY** Zip Code **10021-9614**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VHA** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17.405

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DR. BRUCE P. REITER M.D.

Mailing Address **525 E 72ND ST
APT 45B**

City **NEW YORK** State **NY** Zip Code **10021-9614**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VHA** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17.865

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **300.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DR. BRUCE P. REITER M.D.

Mailing Address **525 E 72ND ST
APT 45B**

City **NEW YORK** State **NY** Zip Code **10021-9614**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VHA** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17.947

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
STEVE REMENTERIA

Mailing Address **2552 NW 12TH CIRCLE**

City **CAMAS** State **WA** Zip Code **98607-8886**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ACCELA** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.72735

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROBERT RENSHAW

Mailing Address **P.O. BOX 22172**

City **HOUSTON** State **TX** Zip Code **77227-2172**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NATIONAL OILWELL VARCO** Occupation **GLOBAL SUPPLY CHAIN MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.72748

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **600.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOSEPH F. RICE

Mailing Address **676 OLDE SALT RUN**

City State Zip Code
MOUNT PLEASANT SC 29464-2788

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MOTLEY RICE, LLC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.245

Date of Receipt
M M / D D / Y Y Y Y
03 27 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
LISA S. RICE

Mailing Address **676 OLDE SALT RUN**

City State Zip Code
MOUNT PLEASANT SC 29464-2788

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.655

Date of Receipt
M M / D D / Y Y Y Y
03 27 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
HON. TOM RICE JR.

Mailing Address **1107 48TH AVE N
STE 310A**

City State Zip Code
MYRTLE BEACH SC 29577-5443

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US HOUSE OF REPRESENTATIVES CONGRESSMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1028

Date of Receipt
M M / D D / Y Y Y Y
04 16 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **6200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
HOWARD RICH

Mailing Address **289 OCEAN AVE.**

City **MARBLEHEAD** State **MA** Zip Code **01945-3728**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.72803

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES N. RICHARDSON JR.

Mailing Address **10 SOUTH CALIBOGUE CAY**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-2912**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RICHARDSON GROUP** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68743

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOHN H. RICHARDS

Mailing Address **1871 ALFORD RD**

City **CONWAY** State **SC** Zip Code **29526-4916**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THOMAS AND HUTTON** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.1749

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **3250.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 450 / 893
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b
<input type="checkbox"/> 18	<input type="checkbox"/> 21	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MATTHEW RICHARDSON

Mailing Address 15 GIBBES CT.

City	State	Zip Code
COLUMBIA	SC	29201-3923

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
WYHCE	ATTORNEY

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00
---	---

Transaction ID : SA17.71882

Date of Receipt

M M / D D / Y Y Y Y
06 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
TERRY RICHARDSON

Mailing Address 449 HEATHWOOD STREET

City	State	Zip Code
BARNWELL	SC	29812-8221

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
RICHARDSON PATRICK WESTBROOK & BRICKMA	ATTORNEY

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00
---	---

Transaction ID : SA17.72804

Date of Receipt

M M / D D / Y Y Y Y
05 / 21 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL C. RIORDAN

Mailing Address 101 WOODLAND WAY

City	State	Zip Code
GREENVILLE	SC	29601-3822

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
GREENVILLE HOSPITAL SYSTEMS	PRESIDENT & CEO

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5300.00
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Transaction ID : SA17.68907

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional).....6400.00

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL C. RIORDAN

Mailing Address 101 WOODLAND WAY

City State Zip Code
GREENVILLE SC 29601-3822

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GREENVILLE HOSPITAL SYSTEMS PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼

Transaction ID : SA17.855

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. FRANK A. RISCH

Mailing Address 3540 COLGATE AVE

City State Zip Code
DALLAS TX 75225-5009

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼

Transaction ID : SA17.485

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. FRANK A. RISCH

Mailing Address 3540 COLGATE AVE

City State Zip Code
DALLAS TX 75225-5009

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼

Transaction ID : SA17.67578

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
HELEN RISCH

Mailing Address **3540 COLGATE AVE**

City **DALLAS** State **TX** Zip Code **75225-5009**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
349.00

Transaction ID : SA17.70012

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period
349.00

IN-KIND: EVENT CATERING

B. Full Name (Last, First, Middle Initial)
RICHARD ROBB

Mailing Address **4703 FENWICK CT.**

City **SENECA** State **SC** Zip Code **29678-1630**

FEC ID number of contributing federal political committee. **C**

Name of Employer **REI CINEMAS. INC** Occupation **CORP. PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71877

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2015			

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DAVID T. ROBERTS

Mailing Address **124 DUCK POND RD**

City **COLUMBIA** State **SC** Zip Code **29223-3127**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DTR COMPANY, LLC** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1140

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **2349.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

16 17a 17b 17c 17d 18
 19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

<p>A. Full Name (Last, First, Middle Initial) DAVID T. ROBERTS</p> <p>Mailing Address 124 DUCK POND RD</p> <p>City COLUMBIA State SC Zip Code 29223-3127</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DTR COMPANY, LLC Occupation PARTNER</p> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2700.00</p>	<p>Transaction ID : SA17.69656</p> <p>Date of Receipt 02 / 05 / 2015</p> <p>CONTRIBUTION</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>REFUNDED \$300.00 ON 02/12/2015</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) MR. JAMES H. ROBERTS JR.</p> <p>Mailing Address 108 NORTHLAKE RD.</p> <p>City COLUMBIA State SC Zip Code 29223-6042</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 240.00</p>	<p>Transaction ID : SA17.533</p> <p>Date of Receipt 05 / 01 / 2015</p> <p>CONTRIBUTION</p> <p>Amount of Each Receipt this Period 120.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) MR. JAMES H. ROBERTS JR.</p> <p>Mailing Address 108 NORTHLAKE RD.</p> <p>City COLUMBIA State SC Zip Code 29223-6042</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 240.00</p>	<p>Transaction ID : SA17.69369</p> <p>Date of Receipt 06 / 29 / 2015</p> <p>CONTRIBUTION</p> <p>Amount of Each Receipt this Period 120.00</p>
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Subtotal Of Receipts This Page (optional)..... **2240.00**

Total This Period (last page this line number only)..... **2240.00**

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
M. RUSS ROBINSON

Mailing Address 109 N. POST OAK LN., STE. 410

City	State	Zip Code
HOUSTON	TX	77024-7751

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GSD	METALS BUSINESS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69638

Date of Receipt
M M / D D / Y Y Y Y
 / /

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. NEIL C. ROBINSON JR.

Mailing Address P.O. BOX 121

City	State	Zip Code
CHARLESTON	SC	29402-0121

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NEXSEN PRUET	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69441

Date of Receipt
M M / D D / Y Y Y Y
 / /

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. EDWARD F. RODRIGUEZ JR.

Mailing Address 4133 EVERGREEN DR.

City	State	Zip Code
FAIRFAX	VA	22032-1018

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1005

Date of Receipt
M M / D D / Y Y Y Y
 / /

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. EDWARD F. RODRIGUEZ JR.

Mailing Address 4133 EVERGREEN DR.

City	State	Zip Code
FAIRFAX	VA	22032-1018

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67063

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. EDWARD F. RODRIGUEZ JR.

Mailing Address 4133 EVERGREEN DR.

City	State	Zip Code
FAIRFAX	VA	22032-1018

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67985

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			17			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. EDWARD F. RODRIGUEZ JR.

Mailing Address 4133 EVERGREEN DR.

City	State	Zip Code
FAIRFAX	VA	22032-1018

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69535

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PAUL RODTS-PALENIK

Mailing Address 809 S. BEAU PRE RD

City	State	Zip Code
LAFAYETTE	LA	70508-9001

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71769

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
WILLIAM G. ROE

Mailing Address 113 BRIDGE ST

City	State	Zip Code
BLUFFTON	SC	29910-7637

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
RICHARD ROEDER

Mailing Address 11150 SANTA MONICA BLVD
STE 750

City	State	Zip Code
LOS ANGELES	CA	90025-0528

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
VANCE STREET CAPTIAL	PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72815

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			15			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JAMES L. ROGERS JR.

Mailing Address P.O. BOX 10208

City GREENVILLE State SC Zip Code 29603-0208

FEC ID number of contributing federal political committee.

Name of Employer NELSON MULLINS Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69543

Date of Receipt

/ /

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
PAUL ROGERS

Mailing Address P.O. BOX 452

City GREER State SC Zip Code 29652-0452

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71759

Date of Receipt

/ /

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
PATRICIA B. ROSE

Mailing Address 119 DOGWOOD LN

City SHELBY State NC Zip Code 28150-8404

FEC ID number of contributing federal political committee.

Name of Employer LEASING SERVICES, INC. Occupation TREASURER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.749

Date of Receipt

/ /

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ANN ROSENBACH

Mailing Address **500 NORTH WESTSHORE BLVD**
540

City **TAMPA** State **FL** Zip Code **33609-5005**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DAVID ROSENBACH MD** Occupation **MEDICINE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.72774

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DR. BRUCE ROSENGARD

Mailing Address **80 LYMAN RD**

City **CHESTNUT HILL** State **MA** Zip Code **02467-2825**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PARTNERS HEALTHCARE** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.977

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
DAVID ROSENBLUM

Mailing Address **10 WINDSOR CT**

City **PURCHASE** State **NY** Zip Code **10577-1000**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PROPHET CAPITAL** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1673

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **5200.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DAVID ROSEN

Mailing Address 111 MORRIS LN S

City	State	Zip Code
SCARSDALE	NY	10583-6056

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
POINT 72/ RUBRIC CAPITAL	PORTFOLIO MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69657

Date of Receipt
MM / DD / YYYY

CONTRIBUTION

Amount of Each Receipt this Period

REFUNDED \$900.00 ON 05/19/2015

B. Full Name (Last, First, Middle Initial)
DAVID ROSEN

Mailing Address 111 MORRIS LN S

City	State	Zip Code
SCARSDALE	NY	10583-6056

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
POINT 72/ RUBRIC CAPITAL	PORTFOLIO MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.742

Date of Receipt
MM / DD / YYYY

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JEANETTE ROSENBLUM

Mailing Address 10 WINDSOR CT

City	State	Zip Code
PURCHASE	NY	10577-1000

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.751

Date of Receipt
MM / DD / YYYY

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. MARK ROSENTHAL

Mailing Address 1907 S. BENDELOW TRL

City	State	Zip Code
TAMPA	FL	33629-5932

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1819

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. MARK ROSENTHAL

Mailing Address 1907 S. BENDELOW TRL

City	State	Zip Code
TAMPA	FL	33629-5932

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67105

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
PHILIP ROSEN

Mailing Address 431 MISTLETOE WAY

City	State	Zip Code
LAWRENCE	NY	11559-2716

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WEIL, GOTSHAL & MANGES	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1765

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. RICHARD M. ROSENBERG

Mailing Address 955 GREEN STREET

City State Zip Code
SAN FRANCISCO CA 94133-5424

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69308

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
ROBIN L. ROSENZWEIG

Mailing Address 710 N RODEO DR

City State Zip Code
BEVERLY HILLS CA 90210-3210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PULLIN MEDIA GROUP ENTERTAINMENT EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.334

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
STEVEN ROSENTHAL

Mailing Address 40 BARTLETT ST.

City State Zip Code
MARBLEHEAD MA 01945-2720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.72816

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 8100.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
WILLIAM ROSENBERG

Mailing Address 508 QUEENSFERRY RD

City	State	Zip Code
CARY	NC	27511-6333

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
E3 VENTURES.COM	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1551

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DR. LORING L. ROSS

Mailing Address 212 81ST AVE N

City	State	Zip Code
MYRTLE BEACH	SC	29572-4340

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	DENTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.451

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			27			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JASON ROSSBACH

Mailing Address 9 W. MOUNT IDA AVE.

City	State	Zip Code
ALEXANDRIA	VA	22305-2522

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DYNCORP INTERNATIONAL	SR. DIRECTOR, GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69468

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KIRK ROSTRON

Mailing Address 9315 MR VERNON CR

City	State	Zip Code
ALEXANDRIA	VA	22309-

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MCA	FINANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.71845

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
KAREN H. ROTTERMAN

Mailing Address 1209 KINSDALE DR

City	State	Zip Code
RALEIGH	NC	27615-1124

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ROTTERMAN & ASSOCIATES	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1200.00

Transaction ID : SA17.1104

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1200.00

C. Full Name (Last, First, Middle Initial)
CHARLES ROUNTREE

Mailing Address 816 KIPLING DR

City	State	Zip Code
COLUMBIA	SC	29205-2036

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
THE ROUNTREE GROUP	PUBLIC RELATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2600.00

Transaction ID : SA17.740

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2600.00

Subtotal Of Receipts This Page (optional).....▶ _____ 4800.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JAMES L. ROWE

Mailing Address **51 HAUL AWAY**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-5283**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KINGHORN INSURANCE SERVICES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17.535

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES L. ROWE

Mailing Address **51 HAUL AWAY**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-5283**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KINGHORN INSURANCE SERVICES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17.68968

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
EDITH F. ROYALL

Mailing Address **341 SIR NATHANIEL LN**

City **HUGER** State **SC** Zip Code **29450-9750**

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 ▼
5200.00

Transaction ID : SA17.1141

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ **3700.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
EDITH F. ROYALL

Mailing Address **341 SIR NATHANIEL LN**

City **HUGER** State **SC** Zip Code **29450-9750**

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 ▼
5200.00

Transaction ID : SA17.69748B

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2500.00

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
EDITH F. ROYALL

Mailing Address **341 SIR NATHANIEL LN**

City **HUGER** State **SC** Zip Code **29450-9750**

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 ▼
5200.00

Transaction ID : SA17.69753

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
MR. ROBERT V. ROYALL JR.

Mailing Address **341 SIR NATHANIEL LANE**

City **HUGER** State **SC** Zip Code **29450-9750**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69445

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

SEE REATTRIBUTION

Subtotal Of Receipts This Page (optional)..... **5400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
EDITH F. ROYALL

Mailing Address **341 SIR NATHANIEL LN**

City **HUGER** State **SC** Zip Code **29450-9750**

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 ▼ **5200.00**

Transaction ID : SA17.69748

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
MR. ROBERT V. ROYALL JR.

Mailing Address **341 SIR NATHANIEL LANE**

City **HUGER** State **SC** Zip Code **29450-9750**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ **5400.00**

Transaction ID : SA17.69445B

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2600.00

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
MR. ROBERT V. ROYALL JR.

Mailing Address **341 SIR NATHANIEL LANE**

City **HUGER** State **SC** Zip Code **29450-9750**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ **5400.00**

Transaction ID : SA17.69749B

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]
REDESIGNATION TO GENERAL

Subtotal Of Receipts This Page (optional)..... **0.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. ROBERT V. ROYALL JR.

Mailing Address **341 SIR NATHANIEL LANE**

City **HUGER** State **SC** Zip Code **29450-9750**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69751

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. ROBERT V. ROYALL JR.

Mailing Address **341 SIR NATHANIEL LANE**

City **HUGER** State **SC** Zip Code **29450-9750**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			26			2015			

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
ROGER ROYSE

Mailing Address **1717 EMBARCADERO ROAD**

City **PALO ALTO** State **CA** Zip Code **94303-3357**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ROYSE LAW FIRM** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.68558

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **3100.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JAMES H. ROZIER JR.

Mailing Address 1610 DENNIS BLVD.

City State Zip Code
MONCKS CORNER SC 29461-9243

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE ROZIER GROUP, LLC CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68698

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KENNETH RUBENSTEIN

Mailing Address 717 OCEAN AVE
APT 608

City State Zip Code
LONG BRANCH NJ 07740-4977

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PROSKAUER ROSE LLC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.563

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. CHAD A. RUBIN

Mailing Address 18 OTRANTO LN

City State Zip Code
COLUMBIA SC 29209-0827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SURGICAL ASSOCIATES, INC. PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69266

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LEE A. RUBIN

Mailing Address **2161 MANDEVILLE CANYON RD**

City State Zip Code
LOS ANGELES CA 90049-1824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1189

Date of Receipt
M M / D D / Y Y Y Y
05 06 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
LINDA B. RUBIN

Mailing Address **INFO REQUESTED**

City State Zip Code
INFO REQUESTED

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED THEATRE PRODUCER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1466

Date of Receipt
M M / D D / Y Y Y Y
05 06 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MARK H. RUBIN

Mailing Address **84 BIGELOW RD.**

City State Zip Code
NEWTON MA 02465-3006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MARIC INC. BUSINESS MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1763

Date of Receipt
M M / D D / Y Y Y Y
03 24 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **6400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
SCOTT RUESTERHOLZ

Mailing Address **815 PARK AVENUE
7B**

City **NEW YORK** State **NY** Zip Code **10021-3276**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BNY MELLON** Occupation **FINANCIAL ANALYST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71778

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
S. W. RUMPH

Mailing Address **P.O. BOX 1060**

City **SUMTER** State **SC** Zip Code **29151-1060**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.1332

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
SAM RUPE

Mailing Address **16169 REVELLO DRIVE**

City **HELOTES** State **TX** Zip Code **78023-5146**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AIR FORCE** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71761

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **2000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MS. PATRICIA B. RUPPRECHT

Mailing Address 601 ROYALE CT.

City	State	Zip Code
TROY	NY	12180-8537

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.224

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MS. PATRICIA B. RUPPRECHT

Mailing Address 601 ROYALE CT.

City	State	Zip Code
TROY	NY	12180-8537

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69347

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MS. PATRICIA B. RUPPRECHT

Mailing Address 601 ROYALE CT.

City	State	Zip Code
TROY	NY	12180-8537

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71706

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MS. PATRICIA B. RUPPRECHT

Mailing Address 601 ROYALE CT.

City	State	Zip Code
TROY	NY	12180-8537

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 725.00

Transaction ID : SA17.72510

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 25.00

B. Full Name (Last, First, Middle Initial)
MS. PATRICIA B. RUPPRECHT

Mailing Address 601 ROYALE CT.

City	State	Zip Code
TROY	NY	12180-8537

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 725.00

Transaction ID : SA17.72612

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

C. Full Name (Last, First, Middle Initial)
MS. PATRICIA B. RUPPRECHT

Mailing Address 601 ROYALE CT.

City	State	Zip Code
TROY	NY	12180-8537

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 725.00

Transaction ID : SA17.72613

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

Subtotal Of Receipts This Page (optional).....▶ _____ 125.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MS. PATRICIA B. RUPPRECHT

Mailing Address 601 ROYALE CT.

City	State	Zip Code
TROY	NY	12180-8537

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 725.00

Transaction ID : SA17.72756

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 250.00

B. Full Name (Last, First, Middle Initial)
MS. PATRICIA B. RUPPRECHT

Mailing Address 601 ROYALE CT.

City	State	Zip Code
TROY	NY	12180-8537

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 725.00

Transaction ID : SA17.985

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL C. RUSS

Mailing Address 387 MANOR RIDGE DR. NW

City	State	Zip Code
ATLANTA	GA	30305-3507

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
JOHNSON MANAGEMENT LLC	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17.69785

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional).....▶ _____ 5750.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. THOMAS H. RUSSELL

Mailing Address 12607 S. 12TH STREET

City State Zip Code
JENKS OK 74037-4993

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VOP RUSSELL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68452

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES H. RYAN JR.

Mailing Address 6525 RAVINE LANE

City State Zip Code
WEDGEFIELD SC 29168-9803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FORESTER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17.69209

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
JERRY SAAD

Mailing Address 1249 S PLEASANTBURG DR

City State Zip Code
GREENVILLE SC 29605-1353

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SAAD AND MANIOS CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

Transaction ID : SA17.1181

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 3200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JERRY SAAD

Mailing Address 1249 S PLEASANTBURG DR

City	State	Zip Code
GREENVILLE	SC	29605-1353

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SAAD AND MANIOS	CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1856

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JERRY SAAD

Mailing Address 1249 S PLEASANTBURG DR

City	State	Zip Code
GREENVILLE	SC	29605-1353

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SAAD AND MANIOS	CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72746

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. JAMES M. SACK

Mailing Address 8006 LEWINSVILLE ROAD

City	State	Zip Code
MCLEAN	VA	22102-2408

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
THE SACK LAW FIRM, P.C.	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68677

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JONATHAN SACKLER

Mailing Address 75 FIELD POINT CIR

City State Zip Code
GREENWICH CT 06830-7072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PURDUE PHARMA DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1043

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
SALVY J. SACRO

Mailing Address 30 CARLSON ST APT 2
SACRO PLAZA

City State Zip Code
EVERETT MA 02149-1603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69786

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
EHUD SADAN

Mailing Address 1 PIPING ROCK WAY

City State Zip Code
NEW ROCHELLE NY 10804-1948

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANCHIN, BLOCK AND ACHIN LLP CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.136

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 4700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
YAMINE SADDOUK

Mailing Address 1301 CRISMOND RD

City	State	Zip Code
MESA	AZ	85209-3767

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MONTAIN VISTA MEDICAL CENTER	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.72817

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

B. Full Name (Last, First, Middle Initial)
MR. ANDREW N. SAFRAN

Mailing Address P.O. BOX 12089

City	State	Zip Code
COLUMBIA	SC	29211-2089

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LOURIE & SAFRAN	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.69636

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID SALESNE

Mailing Address 727 MANNY DRIVE

City	State	Zip Code
COLUMBIA	SC	29201-5177

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
OWEN STEEL COMPANY	CORP. OFFICER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.69010

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 4200.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
STEVEN SALL

Mailing Address 31 TURNER DR

City GREENWICH State CT Zip Code 06831-4415

FEC ID number of contributing federal political committee. **C**

Name of Employer REPUBLIC CLOTHING Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69661

Date of Receipt
MM / DD / YYYY
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
4000.00

REFUNDED \$1,300.00 ON 03/12/2015

B. Full Name (Last, First, Middle Initial)
LEE SAMSON

Mailing Address 9200 W. SUNSET BLVD
7TH FL

City WEST HOLLYWOOD State CA Zip Code 90069-3601

FEC ID number of contributing federal political committee. **C**

Name of Employer S & F MANAGEMENT CO. LLC Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.72798

Date of Receipt
MM / DD / YYYY
05 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
EISENSTAT SAMUEL

Mailing Address 45 EAST 89TH STREET
24E

City NEW YORK State NY Zip Code 10128-1251

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.71901

Date of Receipt
MM / DD / YYYY
06 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 7700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)

MR. HARVEY G. SANDERS JR.

Mailing Address 1414 PARKINS MILL ROAD

City	State	Zip Code
GREENVILLE	SC	29607-3617

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
LEATHERWOOD LAW FIRM	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68842

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

ELLEN SANDLER

Mailing Address 121 S CARMELINA AVE

City	State	Zip Code
LOS ANGELES	CA	90049-3901

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1025

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

RICHARD SANDLER

Mailing Address 121 S CARMELINA AVE

City	State	Zip Code
LOS ANGELES	CA	90049-3901

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MANOW & SANDLER	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1579

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CORRINE SANDS

Mailing Address 321 ST. PIERRE RD.

City	State	Zip Code
LOS ANGELES	CA	90077-3432

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.857

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

B. Full Name (Last, First, Middle Initial)
LENNY SANDS

Mailing Address 321 ST. PIERRE RD.

City	State	Zip Code
LOS ANGELES	CA	90077-3432

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ALCHEMY WORLDWIDE	ELECTRONIC MEDICINE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.1457

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

C. Full Name (Last, First, Middle Initial)
CHESTER SANSBURY

Mailing Address 418 HARROW DR

City	State	Zip Code
COLUMBIA	SC	29210-4212

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17.1345

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

Subtotal Of Receipts This Page (optional).....▶ _____ 5500.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CHESTER SANSBURY

Mailing Address 418 HARROW DR

City	State	Zip Code
COLUMBIA	SC	29210-4212

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17.304

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 250.00

B. Full Name (Last, First, Middle Initial)
CHESTER SANSBURY

Mailing Address 418 HARROW DR

City	State	Zip Code
COLUMBIA	SC	29210-4212

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17.72740

Date of Receipt

M M / D D / Y Y Y Y
05 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
JOHN H. SARGENT

Mailing Address 123 ZACCHEUS MEAD LN

City	State	Zip Code
GREENWICH	CT	06831-3756

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MORGAN STANLEY SMITH BARNEY	BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2600.00

Transaction ID : SA17.715

Date of Receipt

M M / D D / Y Y Y Y
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2600.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3100.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. DANIELA SASSOON

Mailing Address **1945 S. LA CIENEGA BLVD**

City **LOS ANGELES** State **CA** Zip Code **90034-1601**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68902

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. M. JONATHAN SASSOON

Mailing Address **1945 S. LA CIENEGA BLVD**

City **LOS ANGELES** State **CA** Zip Code **90034-1601**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68903

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER SAULS

Mailing Address **629 CASTRO**

City **SAN FRANCISCO** State **CA** Zip Code **94114-2517**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71787

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **5650.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ANDREW J. SAVAGE III

Mailing Address P.O. BOX 1002

City State Zip Code
CHARLESTON SC 29402-1002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SAVAGE & SAVAGE ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1728

Date of Receipt
MM / DD / YYYY
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
CHERYL L. SAVAGE

Mailing Address P.O. BOX 1002

City State Zip Code
CHARLESTON SC 29402-1002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SAVAGE & SAVAGE OFFICE MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.132

Date of Receipt
MM / DD / YYYY
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR. J. BANKS SCARBOROUGH

Mailing Address 3217 LAKESHORE DRIVE

City State Zip Code
FLORENCE SC 29501-8231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69448

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 5700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)

MR. JOHN M. SCHAIBLE

Mailing Address 3001 OAKMONT DRIVE

City State Zip Code
CLEARWATER FL 33761-1433

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NEXTRADE CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.67146

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)

RANDY SCHEUNEMANN

Mailing Address 206 ELK HIGHLANDS DRIVE

City State Zip Code
WHITEFISH MT 59937-8838

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ORION STRATEGIES CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71842

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)

CLAY SCHILE

Mailing Address P.O. BOX 1679

City State Zip Code
SENECA SC 29679-1679

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.71924

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional).....▶ 6400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
TERRY SCHMOYER

Mailing Address **242 SHERINGHAM ROAD
STE 507**

City **COLUMBIA** State **SC** Zip Code **29212-8647**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SCHMOYER AND COMPANY, LLC** Occupation **CPA**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.72811

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DAVID SCHOFIELD

Mailing Address **53 RIBAUT DRIVE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29926-1987**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71868

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. BURTON R. SCHOOLS

Mailing Address **151 COOPER RIVER DR.**

City **MOUNT PLEASANT** State **SC** Zip Code **29464-1813**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68826

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **6400.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
SCOTT SCHOOLS

Mailing Address 11 BOATHOUSE CLOSE

City	State	Zip Code
MT. PLEASANT	SC	29464-2773

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MOORE & VAN ALLEN, PLLC	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71872

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ANDREW SCHULTZ

Mailing Address 8 STONEVIEW LANE

City	State	Zip Code
SHARON	MA	02067-2366

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PARKER & BARLEY CORP.	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72793

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ELIZABETH SCHULTZ

Mailing Address 25 SUTTON PLACE SOUTH
7P

City	State	Zip Code
NEW YORK	NY	10022-2441

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOSPITAL FOR SPECIAL SURGERY	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71779

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
HOWARD SCHULTZ

Mailing Address **7141 BROOKSHIRE DR**

City DALLAS	State TX	Zip Code 75230-4281
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.1422

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		27		2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
HOWARD SCHULTZ

Mailing Address **7141 BROOKSHIRE DR**

City DALLAS	State TX	Zip Code 75230-4281
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.1595

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		27		2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
HOWARD SCHULTZ

Mailing Address **7141 BROOKSHIRE DR**

City DALLAS	State TX	Zip Code 75230-4281
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.71813

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **2500.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
STEPHEN M. SCHULTZ

Mailing Address 212 LOWDER ST

City	State	Zip Code
DEDHAM	MA	02026-4213

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SCHULTZ CONSULTING, LLC	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.797

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DONALD SCHWARZ

Mailing Address 4047 DIXIE CANYON AVE

City	State	Zip Code
SHERMAN OAKS	CA	91423-4831

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RBC WEALTH MANAGEMENT	PORTFOLIO MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71878

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
DONALD SCHWARZ

Mailing Address 4047 DIXIE CANYON AVE

City	State	Zip Code
SHERMAN OAKS	CA	91423-4831

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RBC WEALTH MANAGEMENT	PORTFOLIO MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72820

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KENNETH SCHWARTZ

Mailing Address 125 OCEAN DR W

City State Zip Code
STAMFORD CT 06902-8004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.209

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NANCY SCHWALBERT

Mailing Address 348 WASHINGTON ST

City State Zip Code
WINCHESTER MA 01890-2031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
C21 REALTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.861

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MS. MITCHELL S. SCOTT

Mailing Address 4624 RIVER RD.

City State Zip Code
ALLENDALE SC 29810-7518

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COLLUM'S LUMBER PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.69288

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional).....▶ 5700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. EDWARD LLOYD SCREVEN

Mailing Address 188 GEORGIA LANE

City State Zip Code
PORTOLA VALLEY CA 94028-7930

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ORACLE CHIEF CORPORATE ARCHITECT

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69803

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. SETH W. SCRUGGS

Mailing Address 60 MAPLE LN.

City State Zip Code
TRAVELERS REST SC 29690-2007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.69205

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
GREGORY SEGALL

Mailing Address P.O. BOX 67

City State Zip Code
GLADWYNE PA 19035-0067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VERSA CAPITAL MANAGEMENT, LLC CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.71919

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional).....▶ 8400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOHN H. SEITER

Mailing Address 335 W BELLEVUE DR

City PASADENA State CA Zip Code 91105-1804

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.1053

Date of Receipt
MM / DD / YYYY
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOHN H. SEITER

Mailing Address 335 W BELLEVUE DR

City PASADENA State CA Zip Code 91105-1804

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.1174

Date of Receipt
MM / DD / YYYY
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
RON SELISKI

Mailing Address 1013 SIBLEY MEMORIAL HWY., APT. 21

City SAINT PAUL State MN Zip Code 55118-5620

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.1534

Date of Receipt
MM / DD / YYYY
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 600.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CLYDE A. SELLECK III

Mailing Address 501 CHAMBLEE BLVD

City	State	Zip Code
GREENVILLE	SC	29615-6740

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MICHELIN	CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Transaction ID : SA17.781

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2500.00

B. Full Name (Last, First, Middle Initial)
ED SELLERS

Mailing Address 4645 PINE GROVE CT

City	State	Zip Code
COLUMBIA	SC	29206-4517

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2600.00

Transaction ID : SA17.641

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2600.00

C. Full Name (Last, First, Middle Initial)
MR. M. EDWARD SELLERS

Mailing Address 101 STATION 18 1/2
 P.O. BOX 267

City	State	Zip Code
SULLIVANS ISLAND	SC	29482-7700

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.69642

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

Subtotal Of Receipts This Page (optional).....▶ _____ 7800.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
NANCY SELLECK

Mailing Address 501 CHAMBLEE BLVD

City State Zip Code
GREENVILLE SC 29615-6740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.620

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
MRS. CAROLE S. SEMONES

Mailing Address 110 BAUKNIGHT RD.

City State Zip Code
IRMO SC 29063-8947

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.68699

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GEORGE M. SENSOR

Mailing Address 683 WOODSTOCK LN

City State Zip Code
CAMDEN SC 29020-9375

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MCDONALD'S OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.999

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 4000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JOHN M. SEVO

Mailing Address 200 SPRUCE STREET #200

City	State	Zip Code
DENVER	CO	80230-7127

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SPECTRUM RETIREMENT LLC	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69637

Date of Receipt
MM / DD / YYYY
 / /

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
HAIM SHAMAH

Mailing Address 5902 SUMTER DR

City	State	Zip Code
MYRTLE BEACH	SC	29577-2236

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
STRAND IMPORT	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1508

Date of Receipt
MM / DD / YYYY
 / /

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MARVIN S. SHAPIRO

Mailing Address 432 N CLIFFWOOD AVE

City	State	Zip Code
LOS ANGELES	CA	90049-2620

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1615

Date of Receipt
MM / DD / YYYY
 / /

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JESSE SHARF

Mailing Address **468 21ST ST**

City **SANTA MONICA** State **CA** Zip Code **90402-2436**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GIBSON, DUNN & CRUTCHER LLP** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.82

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. HAROLD E. SHAW III

Mailing Address **18 HIGHVIEW AVENUE**

City **OLD GREENWICH** State **CT** Zip Code **06870-1704**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69014

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. HAROLD E. SHAW JR.

Mailing Address **16 HEMLOCK DRIVE**

City **GREENVILLE** State **SC** Zip Code **29601-3816**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JERVEY EYE GROUP, PA** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69013

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **4200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JOHN W. SHAW

Mailing Address 150 HIPKINS ROAD

City State Zip Code
WEST GROVE PA 19390-9502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.69684

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. MINOR M. SHAW

Mailing Address 16 HEMLOCK DR.

City State Zip Code
GREENVILLE SC 29601-3816

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MICCO CORPORATION PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68844

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. JAMES W. SHEEDY

Mailing Address 853 MYRTLE DRIVE

City State Zip Code
ROCK HILL SC 29730-3632

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DRISCOLL SHEEDY ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69631

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 3950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JAMES P. SHEEHAN

Mailing Address **28 RIBAUT DR**

City	State	Zip Code
HILTON HEAD ISLAND	SC	29926-1986

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 400.00

Transaction ID : SA17.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 400.00

B. Full Name (Last, First, Middle Initial)
MS. PATRICIA K. SHELLEY

Mailing Address **100 SUNSET BLVD., APT. 1001**

City	State	Zip Code
WEST COLUMBIA	SC	29169-7567

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.68985

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
MICHAEL SHEPARD

Mailing Address **1440 BEN SAWYER BLVD
SUITE 1101**

City	State	Zip Code
MOUNT PLEASANT	SC	29464-5526

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 3700.00

Transaction ID : SA17.1591

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 2400.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MICHAEL SHEPARD

Mailing Address **1440 BEN SAWYER BLVD
SUITE 1101**

City **MOUNT PLEASANT** State **SC** Zip Code **29464-5526**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3700.00

Transaction ID : SA17.71900

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

B. Full Name (Last, First, Middle Initial)
MRS. MIRIAM SHEPHER

Mailing Address **2211 QUEENSBOROUGH LANE**

City **BEL AIR** State **CA** Zip Code **90077-1352**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LIFE ALERT EMERGENCY RESPONSE, INC.** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67157

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ISAAC SHEPHER

Mailing Address **2211 QUEENSBOROUGH LANE**

City **BEL AIR** State **CA** Zip Code **90077-1352**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LIFE ALERT EMERGENCY RESPONSE, INC.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67158

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

Subtotal Of Receipts This Page (optional)..... **8100.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. MIRIAM SHEPHER

Mailing Address 2211 QUEENSBOROUGH LANE

City	State	Zip Code
BEL AIR	CA	90077-1352

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
LIFE ALERT EMERGENCY RESPONSE, INC.	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67157B

Date of Receipt
MM / DD / YYYY
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
GWEN ANNE C. SHERIFF

Mailing Address 988 OLD SHIRLEY ROAD

City	State	Zip Code
CENTRAL	SC	29630-9337

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71851

Date of Receipt
MM / DD / YYYY
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ALLEN SHOFÉ

Mailing Address 4537 WESTHALL DRIVE NW

City	State	Zip Code
WASHINGTON	DC	20007-1545

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
EMERGENT BIOSOLUTIONS	EXECUTIVE VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72796

Date of Receipt
MM / DD / YYYY
05 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DR. ROBERT SHPALL

Mailing Address 2302 DUXBURY CIR.

City State Zip Code
LOS ANGELES CA 90034-1018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.67367

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. GEORGE P. SHULTZ

Mailing Address 434 GALVEZ MALL ROOM 239

City State Zip Code
STANFORD CA 94305-6003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOOVER INSTITUTION DISTINGUISHED FELLOW

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.68049

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. GEORGE P. SHULTZ

Mailing Address 434 GALVEZ MALL ROOM 239

City State Zip Code
STANFORD CA 94305-6003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOOVER INSTITUTION DISTINGUISHED FELLOW

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69796

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MATTHEW K. SIDMAN

Mailing Address **297 COMMONWEALTH AVE
APT 6**

City **BOSTON** State **MA** Zip Code **02115-2019**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THREE BAYS CAPITAL LP** Occupation **CHIEF INSURANCE OFFICER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1733

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AL SIEGEL

Mailing Address **22815 SPARROWDELL DR**

City **CALABASAS** State **CA** Zip Code **91302-1820**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ADVOCACY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1904

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
WENDY SIEGEL

Mailing Address **22815 SPARROWDELL DR**

City **CALABASAS** State **CA** Zip Code **91302-1820**

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 ▼
2600.00

Transaction ID : SA17.1709

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional)..... **6200.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JORGE SIERRA

Mailing Address **140 ELGAR PL
APT. 22M**

City **BRONX** State **NY** Zip Code **10475-5212**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CITY OF NEW YORK** Occupation **CHILD PROTECTIVE CASEWORK SUPERVIS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.71884

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
RICHARD SILLIMAN

Mailing Address **18209 VINTAGE STREET**

City **NORTHRIDGE** State **CA** Zip Code **91325-1041**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71780

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RICHARD SILLIMAN

Mailing Address **18209 VINTAGE STREET**

City **NORTHRIDGE** State **CA** Zip Code **91325-1041**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.72750

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **2500.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LARRY D. SILVER

Mailing Address 1001 E. TELECOM DR.

City BOCA RATON State FL Zip Code 33431-4422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SILVER COMPANIES CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.1298

Date of Receipt
MM / DD / YYYY
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
MR. MARTIN G. SILVER

Mailing Address 125 SEMINOLE AVENUE

City PALM BEACH State FL Zip Code 33480-3732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69430

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RICK SILVER

Mailing Address 9 RETREAT LN

City COLUMBIA State SC Zip Code 29209-0822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CNSG PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.121

Date of Receipt
MM / DD / YYYY
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 3250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOHN S. SIMMONS

Mailing Address **P.O. BOX 5**

City **COLUMBIA** State **SC** Zip Code **29202-0005**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1255

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
JOSHUA SIMMS

Mailing Address **9320 WILSHIRE BLVD
STE.300**

City **BEVERLY HILLS** State **CA** Zip Code **90212-3218**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SIMMS** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.71918

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

C. Full Name (Last, First, Middle Initial)
MR. RONALD SIMMS

Mailing Address **9320 WILSHIRE BLVD.
STE 300**

City **BEVERLY HILLS** State **CA** Zip Code **90212-3218**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SIMMS, INC.** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.67109

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **10700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MS. VICTORIA MANN SIMMS

Mailing Address **9320 WILSHIRE BLVD. STE. 300**

City **BEVERLY HILLS** State **CA** Zip Code **90212-3218**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE SIMMS-MANN FAMILY FOUNDATION** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17.67152

Date of Receipt
 M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
NAT SIMONS

Mailing Address **812 MENDOCINO AVE**

City **BERKELEY** State **CA** Zip Code **94707-1923**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MERITAGE GROUP** Occupation **INVESTMENT MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17.71891

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
WAYNE SIMS

Mailing Address **218 RED BAY ROAD**

City **COLUMBIA** State **SC** Zip Code **29045-**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SHARP BUSINESS CONSULTING SERVICES, LLC** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 350.00

Transaction ID : SA17.1400

Date of Receipt
 M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 100.00

Subtotal Of Receipts This Page (optional).....▶ **5500.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="checked" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
WAYNE SIMS

Mailing Address **218 RED BAY ROAD**

City COLUMBIA	State SC	Zip Code 29045-
-------------------------	--------------------	---------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SHARP BUSINESS CONSULTING SERVICES	Occupation OWNER
---	----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 350.00

Transaction ID : SA17.72741

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		27		2015

CONTRIBUTION

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MR. JACK SINDER

Mailing Address **15925 HIGH KNOLL ROAD**

City ENCINO	State CA	Zip Code 91436-3426
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17.67156

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2015

CONTRIBUTION

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MR. JEFFREY H. SKELLEY

Mailing Address **6502 N. OCEAN BLVD.**

City MYRTLE BEACH	State SC	Zip Code 29572-3306
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONSHOMES	Occupation PRESIDENT
---	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Transaction ID : SA17.67140

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2015

CONTRIBUTION

Amount of Each Receipt this Period
 500.00

Subtotal Of Receipts This Page (optional)..... 1750.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
WILLIAM H. SKIPPER JR.

Mailing Address 2625 SLEDDING HILL RD.

City	State	Zip Code
VIENNA	VA	22124-1541

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
AMERICAN BUSINESS DEVELOPMENT	PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69659

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

REFUNDED \$2,500.00 ON 04/17/2015

B. Full Name (Last, First, Middle Initial)
VICTOR SKLOFF

Mailing Address 3235 MEADOW LANE

City	State	Zip Code
COLLEGEVILLE	PA	19426-1413

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ALDON FOOD CORPORATION	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1143

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
VICTOR SKLOFF

Mailing Address 3235 MEADOW LANE

City	State	Zip Code
COLLEGEVILLE	PA	19426-1413

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ALDON FOOD CORPORATION	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1256

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
VICTOR SKLOFF

Mailing Address **3235 MEADOW LANE**

City **COLLEGEVILLE** State **PA** Zip Code **19426-1413**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ALDON FOOD CORPORATION** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **800.00**

Transaction ID : SA17.1314

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

									100.00

B. Full Name (Last, First, Middle Initial)
VICTOR SKLOFF

Mailing Address **3235 MEADOW LANE**

City **COLLEGEVILLE** State **PA** Zip Code **19426-1413**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ALDON FOOD CORPORATION** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **800.00**

Transaction ID : SA17.1376

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period

									50.00

C. Full Name (Last, First, Middle Initial)
VICTOR SKLOFF

Mailing Address **3235 MEADOW LANE**

City **COLLEGEVILLE** State **PA** Zip Code **19426-1413**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ALDON FOOD CORPORATION** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **800.00**

Transaction ID : SA17.1917

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

									250.00

Subtotal Of Receipts This Page (optional).....▶

									400.00
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Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
VICTOR SKLOFF

Mailing Address 3235 MEADOW LANE

City State Zip Code
COLLEGEVILLE PA 19426-1413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALDON FOOD CORPORATION EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Transaction ID : SA17.72393

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
VICTOR SKLOFF

Mailing Address 3235 MEADOW LANE

City State Zip Code
COLLEGEVILLE PA 19426-1413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALDON FOOD CORPORATION EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Transaction ID : SA17.72552

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
HARRY E. SLOAN

Mailing Address 21255 BURBANK BLVD., STE. 250

City State Zip Code
WOODLAND HILLS CA 91367-6682

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GLOBAL EAGLE ACQUISITION CORP. CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1077

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 2775.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BLAKE SMITH

Mailing Address **P.O. BOX 2800**

City	State	Zip Code
GREENVILLE	SC	29602-2800

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PARHAM SMITH & ARCHENHOLD, LLC	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Transaction ID : SA17.71886

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

B. Full Name (Last, First, Middle Initial)
BLAKE SMITH

Mailing Address **P.O. BOX 2800**

City	State	Zip Code
GREENVILLE	SC	29602-2800

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PARHAM SMITH & ARCHENHOLD, LLC	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Transaction ID : SA17.835

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER J. SMITH

Mailing Address **801 FERNCLIFF RD**

City	State	Zip Code
LITTLE ROCK	AR	72223-8931

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
THE CIRCUMFERENCE GROUP	DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.710

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional)..... **6100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DANNY R. SMITH

Mailing Address P.O. BOX 3547

City State Zip Code
SPARTANBURG SC 29304-3547

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HARRISON ,WHITE, SMITH, ET AL. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1556

Date of Receipt
MM / DD / YYYY
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
DAVID SMITH

Mailing Address 734 WILLIVEE DRIVE

City State Zip Code
DECATUR GA 30033-5411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DREW ECKL & FARNHAM, LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71753

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID BRUTON SMITH

Mailing Address 3422 SHARON ROAD

City State Zip Code
CHARLOTTE NC 28211-3322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68746

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 5550.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. ELENOR C. SMITH

Mailing Address 100 BREEZY HILL ROAD

City State Zip Code
COLLINSVILLE CT 06019-3607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68674

Date of Receipt
MM / DD / YYYY
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. KENNETH L. SMITH

Mailing Address 1215 THORNBLADE BLVD

City State Zip Code
GREER SC 29650-4515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FLUOR CORPORATION SENIOR VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68823

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. KURT L. SMITH

Mailing Address 14605 E. SHARON LN

City State Zip Code
WICHITA KS 67230-7016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.546

Date of Receipt
MM / DD / YYYY
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. KURT L. SMITH

Mailing Address 14605 E. SHARON LN

City: WICHITA State: KS Zip Code: 67230-7016

FEC ID number of contributing federal political committee:

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67586

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			15			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
REBECCA W. SMITH

Mailing Address 126 LANFORD RD

City: PAULINE State: SC Zip Code: 29374-1811

FEC ID number of contributing federal political committee:

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.765

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
SHANNON G. SMITH

Mailing Address 727 COLVILLE RD.

City: CHARLOTTE State: NC Zip Code: 28207-2309

FEC ID number of contributing federal political committee:

Name of Employer: ABUNDANT POWER GROUP Occupation: CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72810

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
WILLIAM SMITH III

Mailing Address **3936 SUNSET BLVD.**

City **WEST COLUMBIA** State **SC** Zip Code **29169-2436**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WS COMMERCIAL REAL ESTATE LLC** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17.72797

Date of Receipt
 M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
LEWIS T. SMOAK

Mailing Address **76 STONEHAVEN DR.**

City **GREENVILLE** State **SC** Zip Code **29607-3018**

FEC ID number of contributing federal political committee. **C**

Name of Employer **OGLETREE, DEAKINS, NASH ET AL** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2500.00

Transaction ID : SA17.84

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
ROGER SOFER

Mailing Address **2700 POST OAK BLVD., STE. 1150**

City **HOUSTON** State **TX** Zip Code **77056-5786**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SOFER STEINER AND ASSOCIATES** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17.1114

Date of Receipt
 M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 2700.00

Subtotal Of Receipts This Page (optional).....▶ **6200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. RACHEL M. SOWERS

Mailing Address 15 JESSAMINE PL.

City State Zip Code
HILTON HEAD ISLAND SC 29928-4255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.1040

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS. RACHEL M. SOWERS

Mailing Address 15 JESSAMINE PL.

City State Zip Code
HILTON HEAD ISLAND SC 29928-4255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.67916

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MRS. RACHEL M. SOWERS

Mailing Address 15 JESSAMINE PL.

City State Zip Code
HILTON HEAD ISLAND SC 29928-4255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.725

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 300.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. RICHARD L. STANLEY

Mailing Address **14 RAMSFORD LN**

City **SIMPSONVILLE** State **SC** Zip Code **29681-3649**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GE POWER & WATER** Occupation **VICE PRESIDENT & CTO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1100.00**

Transaction ID : SA17.593

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

				100.00
--	--	--	--	--------

B. Full Name (Last, First, Middle Initial)
MR. RICHARD L. STANLEY

Mailing Address **14 RAMSFORD LN**

City **SIMPSONVILLE** State **SC** Zip Code **29681-3649**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GE POWER & WATER** Occupation **VICE PRESIDENT & CTO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1100.00**

Transaction ID : SA17.68963

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

				1000.00
--	--	--	--	---------

C. Full Name (Last, First, Middle Initial)
MR. LLOYD E. STARR SR.

Mailing Address **1923 HAYDEN COURT**

City **FLORENCE** State **SC** Zip Code **29505-3307**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Transaction ID : SA17.68623

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

				1000.00
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Subtotal Of Receipts This Page (optional).....▶

2100.00

Total This Period (last page this line number only).....▶

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SCHEDULE A-P

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	17a	<input type="checkbox"/>	17b	<input type="checkbox"/>	17c	<input type="checkbox"/>	17d	<input type="checkbox"/>	18
<input type="checkbox"/>	19a	<input type="checkbox"/>	19b	<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)

CARL M. STECKER

Mailing Address 103 CRESCENT AVE

City

GREENVILLE

State

SC

Zip Code

29605-2812

FEC ID number of contributing
federal political committee.

C

Name of Employer

BENEFITS IN A CARD

Occupation

CEO

Receipt For: 2016

 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2600.00

Transaction ID : SA17.1804

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

2600.00

B. Full Name (Last, First, Middle Initial)

MR. BENJAMIN J. STEIN

Mailing Address 8787 SHOREHAM DRIVE
810

City

WEST HOLLYWOOD

State

CA

Zip Code

90069-2231

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ECONOMIST

Receipt For: 2016

 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Transaction ID : SA17.69331

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

MR. BENJAMIN J. STEIN

Mailing Address 8787 SHOREHAM DRIVE
810

City

WEST HOLLYWOOD

State

CA

Zip Code

90069-2231

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ECONOMIST

Receipt For: 2016

 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Transaction ID : SA17.71840

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....

3600.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. BENJAMIN J. STEIN

Mailing Address **8787 SHOREHAM DRIVE**
810

City **WEST HOLLYWOOD** State **CA** Zip Code **90069-2231**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ECONOMIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17.71841

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JUDY STEINHARDT

Mailing Address **712 5TH AVE**
FL 34

City **NEW YORK** State **NY** Zip Code **10019-4108**

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 ▼
2600.00

Transaction ID : SA17.618

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
LAWRENCE STEINBERG

Mailing Address **5420 LBJ FRWY. SUITE 570**

City **DALLAS** State **TX** Zip Code **75240-6001**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EAGLE EQUITY INC.** Occupation **INVESTMENTS - REAL ESTATE AND OTHER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.426

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **3350.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)

LAWRENCE STEINBERG

Mailing Address 5420 LBJ FRWY. SUITE 570

City	State	Zip Code
DALLAS	TX	75240-6001

FEC ID number of contributing
federal political committee.

Name of Employer
EAGLE EQUITY INC.

Occupation
INVESTMENTS - REAL ESTATE AND OTHER

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72742

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	25	/	2015

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

MICHAEL H. STEINHARDT

Mailing Address 712 5TH AVE
FL 34

City	State	Zip Code
NEW YORK	NY	10019-4108

FEC ID number of contributing
federal political committee.

Name of Employer
**STEINHARDT MANAGEMENT COMPANY,
INC.**

Occupation
INFO REQUESTED PER BEST EFFORTS

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.940

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	26	/	2015

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

MRS. SHARON G. STEIN

Mailing Address 1825 BAYSHORE BLVD.

City	State	Zip Code
TAMPA	FL	33606-3210

FEC ID number of contributing
federal political committee.

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67131

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. SHIRA STEIN

Mailing Address P.O. BOX 320846

City	State	Zip Code
ALEXANDRIA	VA	22320-4846

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69802

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
MRS. SHIRA STEIN

Mailing Address P.O. BOX 320846

City	State	Zip Code
ALEXANDRIA	VA	22320-4846

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69802B

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MRS. SHIRA STEIN

Mailing Address P.O. BOX 320846

City	State	Zip Code
ALEXANDRIA	VA	22320-4846

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.70018

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. STEVEN B. STEIN

Mailing Address P.O. BOX 320846

City State Zip Code
ALEXANDRIA VA 22320-4846

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED THERAPIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69816

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
MR. STEVEN B. STEIN

Mailing Address P.O. BOX 320846

City State Zip Code
ALEXANDRIA VA 22320-4846

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED THERAPIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.69816B

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2700.00

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
MR. STEVEN B. STEIN

Mailing Address P.O. BOX 320846

City State Zip Code
ALEXANDRIA VA 22320-4846

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED THERAPIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.70016

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
WARREN A. STEPHENS

Mailing Address 111 CENTER ST

City State Zip Code
LITTLE ROCK AR 72201-4402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS, INC. CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1176

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
WITT R. STEPHENS JR.

Mailing Address P.O. BOX 3417

City State Zip Code
LITTLE ROCK AR 72203-3417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE STEPHENS GROUP CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1770

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. BRIAN J. STERN

Mailing Address 8910 TWO NOTCH ROAD

City State Zip Code
COLUMBIA SC 29223-6366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STERN & STERN REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69011

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 8100.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial) MS. DONNA W. STERNBERG		Transaction ID : SA17.1516																					
Mailing Address P.O. BOX 98100		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td>03</td><td></td><td></td><td>05</td><td></td><td></td><td></td><td></td><td>2015</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y		03			05					2015
M	M	/	D	D	/	Y	Y	Y	Y														
	03			05					2015														
City BATON ROUGE	State LA	Zip Code 70898-9100																					
FEC ID number of contributing federal political committee. C		CONTRIBUTION																					
Name of Employer STARMONT LIFE INSURANCE CO.		Occupation OWNER																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1500.00</td> </tr> </table>																					1500.00
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									1000.00														

B. Full Name (Last, First, Middle Initial) MS. DONNA W. STERNBERG		Transaction ID : SA17.69630																					
Mailing Address P.O. BOX 98100		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td>06</td><td></td><td></td><td>30</td><td></td><td></td><td></td><td></td><td>2015</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y		06			30					2015
M	M	/	D	D	/	Y	Y	Y	Y														
	06			30					2015														
City BATON ROUGE	State LA	Zip Code 70898-9100																					
FEC ID number of contributing federal political committee. C		CONTRIBUTION																					
Name of Employer STARMONT LIFE INSURANCE CO.		Occupation OWNER																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1500.00</td> </tr> </table>																					1500.00
									1500.00														
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									500.00														

C. Full Name (Last, First, Middle Initial) GEOFFREY STERN		Transaction ID : SA17.44																					
Mailing Address 9 APACHE TRL		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td>03</td><td></td><td></td><td>03</td><td></td><td></td><td></td><td></td><td>2015</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y		03			03					2015
M	M	/	D	D	/	Y	Y	Y	Y														
	03			03					2015														
City WESTPORT	State CT	Zip Code 06880-1637																					
FEC ID number of contributing federal political committee. C		CONTRIBUTION																					
Name of Employer VOICE EXPRESS CORP.		Occupation CEO																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1000.00</td> </tr> </table>																					1000.00
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									1000.00														

Subtotal Of Receipts This Page (optional).....▶

									2500.00
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Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JASON A. STERN

Mailing Address 8910 TWO NOTCH RD., STE. 500

City	State	Zip Code
COLUMBIA	SC	29223-6518

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
STERN & STERN	REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68993

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
LINDA C. STERN

Mailing Address 2134 BERMUDA HILLS RD

City	State	Zip Code
COLUMBIA	SC	29223-6733

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.753

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. RICHARD J. STERNE

Mailing Address 117 E. 72ND STREET

City	State	Zip Code
NEW YORK	NY	10021-4249

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MARRON CAPITAL	INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68891

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
SARAH STERN

Mailing Address 108 ARDSLEY RD

City State Zip Code
SCARSDALE NY 10583-3629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED NONPROFIT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1649

Date of Receipt
MM / DD / YYYY
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. SY STERNBERG

Mailing Address 9 STONELEIGH MANOR LN

City State Zip Code
PURCHASE NY 10577-2232

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1434

Date of Receipt
MM / DD / YYYY
04 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. SY STERNBERG

Mailing Address 9 STONELEIGH MANOR LN

City State Zip Code
PURCHASE NY 10577-2232

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69197

Date of Receipt
MM / DD / YYYY
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

SEE REATTRIBUTION

Subtotal Of Receipts This Page (optional).....▶ 5700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LAURIE STERNBERG

Mailing Address **9 STONELEIGH MANOR LN**

City State Zip Code
PURCHASE NY 10577-2232

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.69688

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

**[MEMO ITEM]
REATTRIBUTION FROM SPOUSE**

B. Full Name (Last, First, Middle Initial)
MR. SY STERNBERG

Mailing Address **9 STONELEIGH MANOR LN**

City State Zip Code
PURCHASE NY 10577-2232

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69197B

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2000.00

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

C. Full Name (Last, First, Middle Initial)
WILLIAM H. STERN

Mailing Address **2134 BERMUDA HILLS RD**

City State Zip Code
COLUMBIA SC 29223-6733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STERN & STERN PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1627

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional)..... **2600.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MICHELE STEWART

Mailing Address 5218 WOODLAND BAY DRIVE

City State Zip Code
BELMONT NC 28012-8879

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69697

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
MS. MARGARET E. STEWART

Mailing Address 206 BEDFORD RD

City State Zip Code
EASLEY SC 29642-1202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
330.00

Transaction ID : SA17.1713

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
115.00

C. Full Name (Last, First, Middle Initial)
MS. MARGARET E. STEWART

Mailing Address 206 BEDFORD RD

City State Zip Code
EASLEY SC 29642-1202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
330.00

Transaction ID : SA17.67590

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 215.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MS. MARGARET E. STEWART

Mailing Address 206 BEDFORD RD

City State Zip Code
EASLEY SC 29642-1202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
330.00

Transaction ID : SA17.69351

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
115.00

B. Full Name (Last, First, Middle Initial)
JOSEPH STOKER

Mailing Address 401 S. LYNHURST CT

City State Zip Code
SENECA SC 29672-0775

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71790

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SPENCER STOKES

Mailing Address 4259 SKYLINE DR

City State Zip Code
OGDEN UT 84403-3253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GBC GROUP EXECUTIVE DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.21

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1365.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. C. DAVID STONE

Mailing Address **P.O. BOX 41**
216 LEC ROAD

City **PICKENS** State **SC** Zip Code **29671-0041**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.67618

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR. WARD S. STONE JR.

Mailing Address **114 HOLBROOK TRL.**

City **GREENVILLE** State **SC** Zip Code **29605-3163**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.67935

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
DAVID C. STRADINGER

Mailing Address **5310 N OCEAN BLVD**
UNIT 603

City **MYRTLE BEACH** State **SC** Zip Code **29577-2531**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WINCHESTER LAND AND DEVELOPMEN** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1829

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **1650.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. ROBERT J. STRIPLING JR.

Mailing Address 11 ROCKINGHAM RD

City	State	Zip Code
GREENVILLE	SC	29607-3618

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

 1000.00

Transaction ID : SA17.68827

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

 1000.00

B. Full Name (Last, First, Middle Initial)
ELSIE STUART

Mailing Address 5203 EXUM DR

City	State	Zip Code
WEST COLUMBIA	SC	29169-7178

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

 250.00

Transaction ID : SA17.1841

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period

 250.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT G. SUBER

Mailing Address 1708 YORK DR.

City	State	Zip Code
COLUMBIA	SC	29204-7727

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SUBER & ASSOCIATES, LLC	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

 500.00

Transaction ID : SA17.68762

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

 500.00

Subtotal Of Receipts This Page (optional).....
 1750.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
EDWARD SUGAR

Mailing Address **785 5TH AVE
APT 11C**

City **NEW YORK** State **NY** Zip Code **10022-1625**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EAS ADVISORS** Occupation **ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1180.00

Transaction ID : SA17.1173

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
EDWARD SUGAR

Mailing Address **785 5TH AVE
APT 11C**

City **NEW YORK** State **NY** Zip Code **10022-1625**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EAS ADVISORS** Occupation **ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1180.00

Transaction ID : SA17.594

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
180.00

C. Full Name (Last, First, Middle Initial)
MR. FRED W. SUGGS JR.

Mailing Address **60 FOREST LANE**

City **GREENVILLE** State **SC** Zip Code **29605-1917**

FEC ID number of contributing federal political committee. **C**

Name of Employer **OGLETREE PEAKINS** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.67627

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional)..... **3180.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JUDITH SUGGS

Mailing Address 60 FOREST LN

City State Zip Code
GREENVILLE SC 29605-1917

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1838

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MR. THOMAS E. SUGGS

Mailing Address 12 DILL COURT

City State Zip Code
COLUMBIA SC 29204-3378

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KEENAN & SUGGS INC. INSURANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Transaction ID : SA17.53

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR. THOMAS E. SUGGS

Mailing Address 12 DILL COURT

City State Zip Code
COLUMBIA SC 29204-3378

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KEENAN & SUGGS INC. INSURANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Transaction ID : SA17.69665

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional).....▶ 5700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JAMES M. SULLIVAN

Mailing Address 1080 CHEROKEE STREET

City	State	Zip Code
DENVER	CO	80204-4039

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SULLIVAN RD GROUP	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69770

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
THOMAS M. SULLIVAN

Mailing Address 6512 PRINCETON DR

City	State	Zip Code
ALEXANDRIA	VA	22307-1349

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NELSON MULLINS ET AL	OF COUNSEL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.550

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. MARK A. SVRCEK

Mailing Address 124 ISLAND VIEW CT.

City	State	Zip Code
LEXINGTON	SC	29072-8129

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CENTRAL ELECTRIC POWER CO-OP	COO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68851

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 3950.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JUDITH H. SWARTZ

Mailing Address 1001 S. OCEAN BLVD.

City	State	Zip Code
DELRAY BEACH	FL	33483-6531

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.207

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MRS. JUDITH B. SWARTZ

Mailing Address 500 SE 5TH AVENUE APT. 902S

City	State	Zip Code
BOCA RATON	FL	33432-5590

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67369

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
SIDNEY W. SWARTZ

Mailing Address 1001 S OCEAN BLVD

City	State	Zip Code
DELRAY BEACH	FL	33483-6531

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1848

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. HERB SWARZMAN

Mailing Address P.O. BOX 271082

City	State	Zip Code
TAMPA	FL	33688-1082

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.67154

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

_____	500.00
-------	--------

B. Full Name (Last, First, Middle Initial)
ASAD SYED

Mailing Address 1002 HARPERS WAY

City	State	Zip Code
ANDERSON	SC	29621-3518

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PIEDMONT CHILDREN'S CLINIC PA	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.71847

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			12			2015			

CONTRIBUTION

Amount of Each Receipt this Period

_____	1000.00
-------	---------

C. Full Name (Last, First, Middle Initial)
STEPHANIE TANNENBAUM

Mailing Address 5118 W. POE AVE.

City	State	Zip Code
TAMPA	FL	33629-7527

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17.72776

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			18			2015			

CONTRIBUTION

Amount of Each Receipt this Period

_____	500.00
-------	--------

Subtotal Of Receipts This Page (optional).....▶ **2000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. THADDEUS N. TAUBE

Mailing Address 1050 RALSTON AVENUE

City State Zip Code
BELMONT CA 94002-2210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TAUBE INVESTMENTS INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69771

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
AMANDA TAYLOR

Mailing Address 47 MAHALO LN.

City State Zip Code
COLUMBIA SC 29204-3380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.8

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MS. CHERYL W. TAYLOR

Mailing Address 1300 ROE FORD ROAD

City State Zip Code
GREENVILLE SC 29617-6146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COWART AWARDS, INC. OWNER/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.69399

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5550.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. EDWIN S. TAYLOR

Mailing Address 427 GREENBRIAR LN

City CHARLESTON State SC Zip Code 29412-2614

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68958

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. JOE E TAYLOR JR.

Mailing Address 47 MAHALO LANE

City COLUMBIA State SC Zip Code 29204-3380

FEC ID number of contributing federal political committee.

Name of Employer PARK AND WASHINGTON, LLC Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1647

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. JOE E. TAYLOR JR.

Mailing Address 47 MAHALO LANE

City COLUMBIA State SC Zip Code 29204-3380

FEC ID number of contributing federal political committee.

Name of Employer PARK AND WASHINGTON, LLC Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69743

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM J. TAYLOR

Mailing Address 5265 MALLARD POINT DRIVE

City State Zip Code
CLOVER SC 29710-8528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROWLEY COMPANY EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.69628

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
JACOB TEPPER

Mailing Address 2557 NW 63RD ST

City State Zip Code
BOCA RATON FL 33496-2030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.648

Date of Receipt
MM / DD / YYYY
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
MR. JAMES W. TERRY JR.

Mailing Address 115 SYLVAN WAY

City State Zip Code
GREENVILLE SC 29605-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOLLINGSWORTH FUNDS, INC FINANCIAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17.68961

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 5000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JAMES W. TERRY JR.

Mailing Address 115 SYLVAN WAY

City State Zip Code
GREENVILLE SC 29605-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOLLINGSWORTH FUNDS, INC FINANCIAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17.71815

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES W. TERRY JR.

Mailing Address 115 SYLVAN WAY

City State Zip Code
GREENVILLE SC 29605-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOLLINGSWORTH FUNDS, INC FINANCIAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17.818

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM TERRY

Mailing Address 404 BLANCA AVE.

City State Zip Code
TAMPA FL 33606-3632

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CITY OF TAMPA LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71796

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
WILLIAM S. TETTERTON

Mailing Address 1847 HASTY RD

City	State	Zip Code
CAMDEN	SC	29020-3056

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
TETTERTON LAW FIRM	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1336

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. CLAUDE I. THEISEN

Mailing Address 107 TUSCANY WAY

City	State	Zip Code
GREER	SC	29650-4070

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
T & S BRASS & BRONZE WORKS INC	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69783

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
NEAL D. THIGPEN

Mailing Address 1610 HILLSIDE AVE

City	State	Zip Code
FLORENCE	SC	29501-5608

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
FRANCIS MARION UNIVERSITY	POLITICAL SCIENCE PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.591

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BENTLEY L. THOMPSON

Mailing Address 3760 WATERFORD DR

City	State	Zip Code
MYRTLE BEACH	SC	29577-5845

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NATIVE HOMES, LLC	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1588

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			17			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MATT THOMPSON

Mailing Address 1040 CLIFFWOOD DR.

City	State	Zip Code
MOUNT PLEASANT	SC	29464-3522

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
O.L. THOMPSON CONSTRUCTION CO., INC.	CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71824

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
O. L. THOMPSON III

Mailing Address P.O. BOX 63535

City	State	Zip Code
CHARLESTON	SC	29419-3535

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
O.L. THOMPSON CONSTRUCTION CO.	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1212

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			07			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. SAMUEL F. THRIFT

Mailing Address P.O. BOX 1293

City State Zip Code
SENECA SC 29679-1293

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THRIFT BROS. LUMBER CO. OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.67580

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5000.00

SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JOELLEN O. THRIFT

Mailing Address P.O. BOX 1293

City State Zip Code
SENECA SC 29679-1293

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.67602

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
MR. SAMUEL F. THRIFT

Mailing Address P.O. BOX 1293

City State Zip Code
SENECA SC 29679-1293

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THRIFT BROS. LUMBER CO. OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.67580B

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2500.00

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

Subtotal Of Receipts This Page (optional).....▶ 5000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JOHN H. TIENCKEN

Mailing Address P.O. BOX 398

City State Zip Code
MONCKS CORNER SC 29461-0398

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TIENCKEN LAW FIRM LLC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68855

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DAVID TIGGES

Mailing Address 602 COLONIAL DRIVE

City State Zip Code
HILTON HEAD ISLAND SC 29926-4200

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MCNAIR LAW FIRM, P.A. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1227

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DAVID TIGGES

Mailing Address 602 COLONIAL DRIVE

City State Zip Code
HILTON HEAD ISLAND SC 29926-4200

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MCNAIR LAW FIRM, P.A. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72785

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BILL TIGUE

Mailing Address 329 CALIFORNIA AVE
8

City State Zip Code
SANTA MONICA CA 90403-5012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EAST LOS ANGELES COMMUNITY COLLEGE P/T ADJUNCT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
215.00

Transaction ID : SA17.16

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
BILL TIGUE

Mailing Address 329 CALIFORNIA AVE
8

City State Zip Code
SANTA MONICA CA 90403-5012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EAST LOS ANGELES COMMUNITY COLLEGE P/T ADJUNCT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
215.00

Transaction ID : SA17.552

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
BILL TIGUE

Mailing Address 329 CALIFORNIA AVE
8

City State Zip Code
SANTA MONICA CA 90403-5012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EAST LOS ANGELES COMMUNITY COLLEGE P/T ADJUNCT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
215.00

Transaction ID : SA17.70574

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
15.00

Subtotal Of Receipts This Page (optional).....▶ 65.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BILL TIGUE

Mailing Address 329 CALIFORNIA AVE
8

City State Zip Code
SANTA MONICA CA 90403-5012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EAST LOS ANGELES COMMUNITY COLLEGE P/T ADJUNCT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
215.00

Transaction ID : SA17.71332

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
BILL TIGUE

Mailing Address 329 CALIFORNIA AVE
8

City State Zip Code
SANTA MONICA CA 90403-5012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EAST LOS ANGELES COMMUNITY COLLEGE P/T ADJUNCT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
215.00

Transaction ID : SA17.71664

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
WILLIAM R. TIMMONS

Mailing Address P.O. BOX 7

City State Zip Code
GREENVILLE SC 29602-0007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CANAL INSURANCE COMPANY VP OF INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.928

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ 2750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
GAL TIROSH

Mailing Address P.O. BOX 1644

City State Zip Code
LOS ALTOS CA 94023-1644

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.378

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DON TOMLIN

Mailing Address 4500 FORT JACKSON BLVD

City State Zip Code
COLUMBIA SC 29209-1119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOMLIN & COMPANY, INC. INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.15

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JASON TOMPKINS

Mailing Address 29 RETREAT LN

City State Zip Code
COLUMBIA SC 29209-0822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EDENS CFO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.265

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ 5800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KRISTIN TOMPKINS

Mailing Address **29 RETREAT LN**

City State Zip Code
COLUMBIA SC 29209-0822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1271

Date of Receipt
M M / D D / Y Y Y Y
02 10 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
R. SIMMS TOMPKINS

Mailing Address **5250 CLEMSON AVENUE**

City State Zip Code
COLUMBIA SC 29206-3042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68790

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PATRICIA C. TOPPING

Mailing Address **4610 HIGHWAY 261 N**

City State Zip Code
REMBERT SC 29128-8898

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.1006

Date of Receipt
M M / D D / Y Y Y Y
02 19 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional)..... **4850.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JERRY E. TRAPNELL

Mailing Address **392 RIDGECREST DRIVE**

City State Zip Code
CLEMSON SC 29631-1849

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.72762

Date of Receipt
M M / D D / Y Y Y Y
05 29 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
IRIT TRATT

Mailing Address **823 NORTH ST**

City State Zip Code
GREENWICH CT 06831-3106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1072

Date of Receipt
M M / D D / Y Y Y Y
03 03 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KELLY D. TRICE

Mailing Address **1106 BLUE TEAL LN**

City State Zip Code
KNOXVILLE TN 37922-9306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CB&I PROJECT SERVICES GROUP PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1026

Date of Receipt
M M / D D / Y Y Y Y
03 27 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **2500.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
WAYNE TROTTER

Mailing Address P.O. BOX 25968

City State Zip Code
GREENVILLE SC 29616-0968

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71864

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
STEPHEN TURLEY

Mailing Address 110 TIGRIS CT.
J

City State Zip Code
MOORESVILLE NC 28117-8818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RESIDENTIAL DESIGNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71774

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. ARTHUR S. TURNER

Mailing Address P.O. BOX 543

City State Zip Code
CARLISLE MA 01741-0543

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69326

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOSEPH TURNER

Mailing Address **516 BENTBROOK LN**

City **CLEMSON** State **SC** Zip Code **29631-1895**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Transaction ID : SA17.72781

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			28			2015			

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
EMILY VALLARINO

Mailing Address **320 N AZALEA DRIVE**

City **SURFSIDE BEACH** State **SC** Zip Code **29575-5024**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VALLARINO CONSTRUCTION, LLC** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5400.00**

Transaction ID : SA17.1012

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
EMILY VALLARINO

Mailing Address **320 N AZALEA DRIVE**

City **SURFSIDE BEACH** State **SC** Zip Code **29575-5024**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VALLARINO CONSTRUCTION, LLC** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5400.00**

Transaction ID : SA17.71911

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

REDESIGNATION REQUESTED

Subtotal Of Receipts This Page (optional).....▶

6400.00

Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MANUEL R. VALLARINO

Mailing Address 320 N AZALEA DRIVE

City	State	Zip Code
SURFSIDE BEACH	SC	29575-5024

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
VALLARINO CONSTRUCTION, LLC	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.1199

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MANUEL R. VALLARINO

Mailing Address 320 N AZALEA DRIVE

City	State	Zip Code
SURFSIDE BEACH	SC	29575-5024

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
VALLARINO CONSTRUCTION, LLC	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17.71910

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

REDESIGNATION REQUESTED

C. Full Name (Last, First, Middle Initial)
STEPHEN E. E. VAN HORN

Mailing Address 305 RECTORY SQUARE

City	State	Zip Code
CAMDEN	SC	29020-2907

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
KENNEDY INSURANCE	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1061

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 6400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL F. VARNER

Mailing Address 2118 BETHEL RD

City State Zip Code
SIMPSONVILLE SC 29681-5734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.68821

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM R. VON HARTEN

Mailing Address 5 SANDY RIDGE RD

City State Zip Code
BEAUFORT SC 29902-5229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.67098

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ABRAHAM WACHT

Mailing Address 310 18TH ST

City State Zip Code
SANTA MONICA CA 90402-2406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FEDERAL INDUSTRIES, INC. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.483

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional).....▶ 3000.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DENNIS L. WADE

Mailing Address 1403 HIGHLAND CIR.

City	State	Zip Code
MYRTLE BEACH	SC	29575-5858

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
THE JACKSON COMPANIES	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.506

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
LARRY WALDMAN

Mailing Address 4500 COOPER RD
301

City	State	Zip Code
CINCINNATI	OH	45242-5647

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1305

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
LARRY WALDMAN

Mailing Address 4500 COOPER RD
301

City	State	Zip Code
CINCINNATI	OH	45242-5647

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.235

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LARRY WALDMAN

Mailing Address 4500 COOPER RD
301

City State Zip Code
CINCINNATI OH 45242-5647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17.71463

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
LARRY WALDMAN

Mailing Address 4500 COOPER RD
301

City State Zip Code
CINCINNATI OH 45242-5647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17.72548

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
LARRY WALDMAN

Mailing Address 4500 COOPER RD
301

City State Zip Code
CINCINNATI OH 45242-5647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17.882

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BOB WALKER

Mailing Address P.O. BOX 1833

City State Zip Code
SENECA SC 29679-1833

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAROLINA PLUMBING SUPPLY COMPANY OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71836

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JD WALKER

Mailing Address 109 POTTERS RUN

City State Zip Code
PRINCETON NJ 08540-7321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VATAMERICA, LP MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.895

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BENJAMIN WALL

Mailing Address 1200 PARTRIDGE ROAD

City State Zip Code
SPARTANBURG SC 29302-3330

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WJ PARTNERS, LLC INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.71837

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JADE WALSH

Mailing Address P.O. BOX 11450

City State Zip Code
JACKSON WY 83002-1450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.72813

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JOSEPH WALSH

Mailing Address 1096 BEGIER AVE.

City State Zip Code
SAN LEANDRO CA 94577-3024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GOLDEN GATE UNIVERSITY PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.695

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JOSEPH WALSH

Mailing Address 1096 BEGIER AVE.

City State Zip Code
SAN LEANDRO CA 94577-3024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GOLDEN GATE UNIVERSITY PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.71662

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 2900.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOSEPH WALSH

Mailing Address 1096 BEGIER AVE.

City	State	Zip Code
SAN LEANDRO	CA	94577-3024

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
GOLDEN GATE UNIVERSITY	PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.72714

Date of Receipt
MM / DD / YYYY
05 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. LEX D. WALTERS

Mailing Address 158 WOODRIDGE ROAD

City	State	Zip Code
GREENWOOD	SC	29646-9270

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.69682

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. BENJAMIN N. WARD

Mailing Address 1420 CALIFORNIA STREET

City	State	Zip Code
BERKELEY	CA	94703-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.68670

Date of Receipt
MM / DD / YYYY
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 850.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CHARLES WARREN

Mailing Address **746 E WINCHESTER ST**

City State Zip Code
SALT LAKE CITY UT 84107-8512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SILVER BULLET LLC PUBLIC AFFAIRS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.635

Date of Receipt
M M / D D / Y Y Y Y
03 24 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROGER M. WARREN

Mailing Address **39 COTTON HALL**

City State Zip Code
KIAWAH ISLAND SC 29455-5714

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KIAWAH ISLAND GOLF RESORT PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1652

Date of Receipt
M M / D D / Y Y Y Y
04 16 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
WALTER A. WARREN

Mailing Address **667 FIELDGATE CIR**

City State Zip Code
PAWLEYS ISLAND SC 29585-6317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THOMAS AND HUTTON ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.287

Date of Receipt
M M / D D / Y Y Y Y
03 27 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DR. JOSEPH F. WASHBURNE

Mailing Address **152 WILD MEADOWS**

City **HATTIESBURG** State **MS** Zip Code **39402-8109**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.68675

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. RONALD P. WASSERMAN

Mailing Address **1230 CRENSHAW BLVD. SUITE 103**

City **TORRANCE** State **CA** Zip Code **90501-0417**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WASSERMAN & WASSERMAN** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69772

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. J. DAVID WASSON JR.

Mailing Address **889 NEELY FERRY RD.**

City **LAURENS** State **SC** Zip Code **29360-5717**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LAURENS ELECTRIC COOPERATIVE** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68841

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CHARLES K. WATT

Mailing Address 2300 WINDY RIDGE PKWY., SE, STE. 4

City	State	Zip Code
ATLANTA	GA	30339-8431

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SCIENTIFIC RESEARCH CORP.	CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.584

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
CHARLES S. WAY JR.

Mailing Address P.O. BOX 242

City	State	Zip Code
CHARLESTON	SC	29402-0242

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
THE BEACH CO. REALTY	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2600.00

Transaction ID : SA17.456

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2600.00

C. Full Name (Last, First, Middle Initial)
MR. RICHARD WEIDMAN

Mailing Address 201 E. 62ND STREET
APT 9C

City	State	Zip Code
NEW YORK	NY	10065-7627

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LEBOEUF, LAMB, GREENE & MACRAE LLP	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 412.00

Transaction ID : SA17.1340

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3850.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. RICHARD WEIDMAN

Mailing Address 201 E. 62ND STREET
APT 9C

City State Zip Code
NEW YORK NY 10065-7627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LEBOEUF, LAMB, GREENE & MACRAE LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
412.00

Transaction ID : SA17.67376

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
162.00

B. Full Name (Last, First, Middle Initial)
GWEN S. WEINER

Mailing Address 27235 OVID CT

City State Zip Code
FRANKLIN MI 48025-1036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.2

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
S. EVAN WEINER

Mailing Address 27235 OVID CT.

City State Zip Code
FRANKLIN MI 48025-1036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EDWARD C. LEVY COMPANY EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.608

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2162.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DOUGLAS P. WENDEL

Mailing Address **8704 N OCEAN BLVD**

City State Zip Code
MYRTLE BEACH SC 29572-4417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.492

Date of Receipt
M M / D D / Y Y Y Y
03 17 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
R. PRESTON WENDELL

Mailing Address **925 ROYALL AVE.**

City State Zip Code
MOUNT PLEASANT SC 29464-5037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PALMETTO HEALTH PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1831

Date of Receipt
M M / D D / Y Y Y Y
04 16 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GREGORY WENDT

Mailing Address **1 MUIR LOOP**

City State Zip Code
SAN FRANCISCO CA 94129-1123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE CAPITAL GROUP ANALYST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.824

Date of Receipt
M M / D D / Y Y Y Y
03 03 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **4200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
LISA WENDT

Mailing Address 1 MUIR LOOP

City State Zip Code
SAN FRANCISCO CA 94129-1123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.664

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JOHN C. WEST JR.

Mailing Address P.O. BOX 661

City State Zip Code
CAMDEN SC 29021-0661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.975

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
EDWARD J. WESTBROOK

Mailing Address 2659 PARISH LNDG

City State Zip Code
MT PLEASANT SC 29466-7964

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RICHARDSON, PATRICK, ET AL ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.679

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ 6300.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
THAD H. WESTBROOK

Mailing Address 107 ASHWORTH DR.

City	State	Zip Code
LEXINGTON	SC	29072-8829

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NELSON MULLINS ET AL	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.169

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JACK WETZEL

Mailing Address 494 POWDER HOUSE ROAD

City	State	Zip Code
AIKEN	SC	29801-5148

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1010

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JACK WETZEL

Mailing Address 494 POWDER HOUSE ROAD

City	State	Zip Code
AIKEN	SC	29801-5148

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71804

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. W. GENE WHETSELL

Mailing Address P.O. BOX 80

City State Zip Code
WALTERBORO SC 29488-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69645

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN B. WHITE JR.

Mailing Address 735 JACKSON GROVE RD

City State Zip Code
LANDRUM SC 29356-9014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HARRISON ,WHITE, SMITH, ET AL. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.244

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MRS. JUDY A. WHITE

Mailing Address 402 N. MAIN ST.

City State Zip Code
ABBEVILLE SC 29620-1706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68836

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 3350.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
KAREN M. WHITE

Mailing Address 735 JACKSON GROVE RD

City State Zip Code
LANDRUM SC 29356-9014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.38

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MARGARET E. WHITE MCLEAN

Mailing Address 5951 BILLINGS DRIVE

City State Zip Code
LINCOLN NE 68516-5960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1450.00

Transaction ID : SA17.309

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
450.00

C. Full Name (Last, First, Middle Initial)
MARGARET E. WHITE MCLEAN

Mailing Address 5951 BILLINGS DRIVE

City State Zip Code
LINCOLN NE 68516-5960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1450.00

Transaction ID : SA17.71869

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 4050.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL D. WHITE

Mailing Address 1850 MANHATTAN AVE.

City State Zip Code
HERMOSA BEACH CA 90254-3460

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DIRECTV BUSINESS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68645

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MACK I. WHITTLE JR.

Mailing Address 500 HIDDEN HILLS DR

City State Zip Code
GREENVILLE SC 29605-3270

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.184

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
JOSEPH WIEGEL

Mailing Address 854 PARAGON WAY

City State Zip Code
ROCK HILL SC 29730-0005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PHYSICIANS CHOICE LABORATORY SERVICES MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1113

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional).....▶ 7900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DAVID WIENER

Mailing Address **118 SOUTH BEVERLY DR.
STE 215**

City **BEVERLY HILLS** State **CA** Zip Code **90212-3016**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DW DEVELOPMENT** Occupation **MEMBER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.72805

Date of Receipt
M M / D D / Y Y Y Y
05 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MICHAEL WIENIR

Mailing Address **17351 CUMPSTON ST.**

City **ENCINO** State **CA** Zip Code **91316-2513**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SAN FERNANDO VALLEY GROUP** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.72783

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DR. THOMAS WIETERS

Mailing Address **154 MARY ELLEN DRIVE**

City **CHARLESTON** State **SC** Zip Code **29403-3375**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **SURGEON**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69221

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **4700.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. STEPHEN K. WIGGINS

Mailing Address **122 LAKE MURRAY COURT**

City **LEXINGTON** State **SC** Zip Code **29072-9104**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BLUE CROSS/BLUE SHIELD** Occupation **EXECUTIVE VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68800

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ROBERT WILCOX

Mailing Address **2810 WHEAT ST.**

City **COLUMBIA** State **SC** Zip Code **29205-2516**

FEC ID number of contributing federal political committee. **C**

Name of Employer **COLUMBIA RECEPTION** Occupation **LAW PROFESSOR- USC**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.71855

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2015			

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MRS. BARBARA WILKEN

Mailing Address **10 POINT NORTH DRIVE**

City **SALEM** State **SC** Zip Code **29676-4113**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.67624

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			15			2015			

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **2250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RICHARD N. WILKERSON

Mailing Address **201 RIVERPLACE
UNIT 709**

City **GREENVILLE** State **SC** Zip Code **29601-5007**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.1910

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MR. DAVID H. WILKINS

Mailing Address **31 SIRRINE DR.**

City **GREENVILLE** State **SC** Zip Code **29605-1136**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NELSON MULLINS ET AL** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5300.00

Transaction ID : SA17.1518

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID H. WILKINS

Mailing Address **31 SIRRINE DR.**

City **GREENVILLE** State **SC** Zip Code **29605-1136**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NELSON MULLINS ET AL** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5300.00

Transaction ID : SA17.69629

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional)..... **7900.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. ROBERT W. WILKINS

Mailing Address **101 OSCEOLA DRIVE**

City **GREENVILLE** State **SC** Zip Code **29605-3014**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WILKINS & BOUTON, LLC** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69778

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
SUSAN C. WILKINS

Mailing Address **31 SIRRINE DR**

City **GREENVILLE** State **SC** Zip Code **29605-1136**

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 ▼
2600.00

Transaction ID : SA17.1241

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2600.00

C. Full Name (Last, First, Middle Initial)
MR. CHARLES H. WILLIAMS

Mailing Address **P.O. BOX 1084**

City **ORANGEBURG** State **SC** Zip Code **29116-1084**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68967

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **4600.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
JOSEPH H. WILLIAMS

Mailing Address **39 BROAD ST
STE 200**

City **CHARLESTON** State **SC** Zip Code **29401-3040**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.1083

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JOSEPH H. WILLIAMS

Mailing Address **39 BROAD ST
STE 200**

City **CHARLESTON** State **SC** Zip Code **29401-3040**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.1247

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KATHRYN WILLIAMS

Mailing Address **P.O. BOX 10693**

City **GREENVILLE** State **SC** Zip Code **29603-0693**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KATHRYN WILLIAMS, P.A.** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.571

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

Subtotal Of Receipts This Page (optional)..... **4600.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ARNIE WILSON

Mailing Address 123 DORCHESTER RD

City State Zip Code
SCARSDALE NY 10583-6052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WILSON ORTHOPAEDICS PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.1016

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS. KAREN L. WILSON

Mailing Address 6105 DAVENPORT TER.

City State Zip Code
BETHESDA MD 20817-5827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE BOEING COMPANY GOVERNMENT OPERATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.68020

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
THOMAS WINANT

Mailing Address 1809 FARNDON AVE

City State Zip Code
LOS ALTOS CA 94024-6235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Transaction ID : SA17.1318

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 850.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
THOMAS WINANT

Mailing Address **1809 FARNDON AVE**

City	State	Zip Code
LOS ALTOS	CA	94024-6235

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71563

Date of Receipt
MM / DD / YYYY
 / /

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
THOMAS WINANT

Mailing Address **1809 FARNDON AVE**

City	State	Zip Code
LOS ALTOS	CA	94024-6235

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.71771

Date of Receipt
MM / DD / YYYY
 / /

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
THOMAS WINANT

Mailing Address **1809 FARNDON AVE**

City	State	Zip Code
LOS ALTOS	CA	94024-6235

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72689

Date of Receipt
MM / DD / YYYY
 / /

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DR. RICHARD WING

Mailing Address 2120 FOXCROFT WOODS LN

City State Zip Code
CHARLOTTE NC 28211-2663

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REPROD. ENDOCRINE ASSET OF CHARLOTTE PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.69211

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GARY WINNICK

Mailing Address 9355 WILSHIRE BLVD
FL 4

City State Zip Code
BEVERLY HILLS CA 90210-5413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WINNICK & CO. INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1837

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. FRED S. WINSTEAD

Mailing Address 4007 BRACKENBERRY DRIVE

City State Zip Code
ANDERSON SC 29621-3565

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHARMACIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.69440

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 3450.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JOHN WINTHROP

Mailing Address P.O. BOX 22527

City	State	Zip Code
CHARLESTON	SC	29413-2527

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
JOHN WINTHROP & COMPANY	INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1226

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. JOHN WINTHROP

Mailing Address P.O. BOX 22527

City	State	Zip Code
CHARLESTON	SC	29413-2527

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
JOHN WINTHROP & COMPANY	INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.67009

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. JOHN WINTHROP

Mailing Address P.O. BOX 22527

City	State	Zip Code
CHARLESTON	SC	29413-2527

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
JOHN WINTHROP & COMPANY	INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.68613

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JOHN WINTHROP

Mailing Address P.O. BOX 22527

City State Zip Code
CHARLESTON SC 29413-2527

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JOHN WINTHROP & COMPANY INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
3010.00

Transaction ID : SA17.762

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
MR. ROY WITHERINGTON

Mailing Address 3727 BREEZEMONT DRIVE

City State Zip Code
SARASOTA FL 34232-1215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.69533

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
TADEUSZ WITKOWICZ

Mailing Address P.O. BOX 8020

City State Zip Code
GARDEN CITY NY 11530-8020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.1260

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2010.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
PAMELA S. WITT

Mailing Address **898 RANDALL DR**

City State Zip Code
MOUNT PLEASANT SC 29464-4528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MCALISTER PREFERRED PROPERTIES REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17.9

Date of Receipt
M M / D D / Y Y Y Y
02 26 2015

CONTRIBUTION

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
KEENAN WOLENS

Mailing Address **814 N. ROXBURY DR.**

City State Zip Code
BEVERLY HILLS CA 90210-3018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AMIR DEVELOPMENT CO. REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.72778

Date of Receipt
M M / D D / Y Y Y Y
05 04 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
HERSHEL WOLF

Mailing Address **131 THORNBURY RD E**

City State Zip Code
SCARSDALE NY 10583-6613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PDC CORPORATION CIO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.71788

Date of Receipt
M M / D D / Y Y Y Y
06 13 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **3850.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BARRY WOLFE

Mailing Address **22578 FLAMINGO ST**

City **WOODLAND HILLS** State **CA** Zip Code **91364-4916**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.233

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GEORGE B. WOLFE

Mailing Address **1500 BELMONT DR.**

City **COLUMBIA** State **SC** Zip Code **29205-1512**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NELSON, MULLINS ET AL.** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68759

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SIDNEY D. WOLK

Mailing Address **330 BEACON ST
APT B54**

City **BOSTON** State **MA** Zip Code **02116-1170**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CROSS COUNTRY GROUP** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.670

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **4700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MS. VIVIAN A. WONG

Mailing Address 506 ROPER MOUNTAIN RD.

City	State	Zip Code
GREENVILLE	SC	29615-4229

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PACIFIC GATEWAY CAPITAL, LLC	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69548

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MIKE WOOTEN

Mailing Address 1298 PROFESSIONAL DR

City	State	Zip Code
MYRTLE BEACH	SC	29577-5896

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DDC ENGINEERS	CIVIL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1368

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH G. WRIGHT III

Mailing Address 13 HIDDEN HILLS DR

City	State	Zip Code
GREENVILLE	SC	29605-3250

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.187

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH G. WRIGHT III

Mailing Address **13 HIDDEN HILLS DR**

City **GREENVILLE** State **SC** Zip Code **29605-3250**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1025.00

Transaction ID : SA17.68778

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MARK WRIGHT

Mailing Address **1713 W ESPERANZA AVE**

City **MCCALLEN** State **TX** Zip Code **78501-3206**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EPL VENTURES, LLC** Occupation **MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.457

Date of Receipt
 M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROY WUTHIER

Mailing Address **714 VINTAGE LANE**

City **COLUMBIA** State **SC** Zip Code **29210-5109**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17.1355

Date of Receipt
 M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ **1350.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
ROY WUTHIER

Mailing Address 714 VINTAGE LANE

City	State	Zip Code
COLUMBIA	SC	29210-5109

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17.1897

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

B. Full Name (Last, First, Middle Initial)
ROY WUTHIER

Mailing Address 714 VINTAGE LANE

City	State	Zip Code
COLUMBIA	SC	29210-5109

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17.71473

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

C. Full Name (Last, First, Middle Initial)
ROY WUTHIER

Mailing Address 714 VINTAGE LANE

City	State	Zip Code
COLUMBIA	SC	29210-5109

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17.72553

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

Subtotal Of Receipts This Page (optional).....▶ _____ 200.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MR. M. BAKER WYCHE III

Mailing Address 134 ROCKINGHAM ROAD

City State Zip Code
GREENVILLE SC 29607-3621

FEC ID number of contributing federal political committee.

Name of Employer Occupation
OGLETREE DEAKINS LAW FIRM ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69776

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. M. BAKER WYCHE III

Mailing Address 134 ROCKINGHAM ROAD

City State Zip Code
GREENVILLE SC 29607-3621

FEC ID number of contributing federal political committee.

Name of Employer Occupation
OGLETREE DEAKINS LAW FIRM ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.72745

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
BYRON C. YAHNIS

Mailing Address 2536 ASCOT DR

City State Zip Code
FLORENCE SC 29501-1954

FEC ID number of contributing federal political committee.

Name of Employer Occupation
THE YAHNIS CO. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.968

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
DAVID B. YARBOROUGH

Mailing Address **8 WRAGGBOROUGH LANE**

City State Zip Code
CHARLESTON SC 29403-6361

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HENDRICK AUTOMOTIVE GROUP AUTO DEALER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.72641

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DAVID B. YARBOROUGH

Mailing Address **8 WRAGGBOROUGH LANE**

City State Zip Code
CHARLESTON SC 29403-6361

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HENDRICK AUTOMOTIVE GROUP AUTO DEALER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.885

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JAMES YEAGER

Mailing Address **703 SWORDFISH RD**

City State Zip Code
FRIPP ISLAND SC 29920-7326

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EARTHWORX, INC. LANDSCAPE CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.1126

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **450.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
SOSIK YEUNG

Mailing Address 1734 AEROS WAY

City State Zip Code
MONTEBELLO CA 90640-6504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.867

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
PAUL YOUNG

Mailing Address 1 PUMPKIN CIRCLE

City State Zip Code
EXETER NH 03833-3129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NOVUS PUBLIC AFFAIRS SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.71897

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
DAVID ZALESNE

Mailing Address 92 REDBAY RD

City State Zip Code
ELGIN SC 29045-8685

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OWEN STEEL CORPORATE OFFICER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.587

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5450.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
MRS. ADRIANNE ZARNEGIN

Mailing Address 421 N. BEVERLY DRIVE, SUITE 350

City: BEVERLY HILLS State: CA Zip Code: 90210-4640

FEC ID number of contributing federal political committee. **C**

Name of Employer: INFORMATION REQUESTED PER BEST EFFC Occupation: INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68794B

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
ROBERT ZARNEGIN

Mailing Address 421 N. BEVERLY DR., STE. 350

City: BEVERLY HILLS State: CA Zip Code: 90210-4640

FEC ID number of contributing federal political committee. **C**

Name of Employer: HILLCREST INTERNATIONAL Occupation: REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.69669

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
RYAN ZEHL

Mailing Address 8820 CHATSWORTH DR

City: HOUSTON State: TX Zip Code: 77024-3708

FEC ID number of contributing federal political committee. **C**

Name of Employer: ZEHL & ASSOCIATES, PC Occupation: ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.71887

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

Subtotal Of Receipts This Page (optional).....▶ 2500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
SUSAN ZISES GREEN

Mailing Address 31 E 79TH ST

City State Zip Code
NEW YORK NY 10075-0164

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED DESIGNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.66

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
ASIFA ZUBERI

Mailing Address 10166 RUSH ST.

City State Zip Code
SOUTH EL MONTE CA 91733-3224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.709

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
ANITA ZUCKER

Mailing Address 99 SOUTH BATTERY

City State Zip Code
CHARLESTON SC 29401-2321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE INTERTECH GROUP BUSINESS EXEC

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.71893

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 7400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
FAYE ZULUAGA

Mailing Address **433 N NORTON AVE**

City **LOS ANGELES** State **CA** Zip Code **90004-1519**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BOMEL SWALL, LLC** Occupation **ACCOUNTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.1642

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
CHANCE, LLC

Mailing Address **P.O. BOX 2343**

City **GREENVILLE** State **SC** Zip Code **29602-2343**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.68733

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

ATTRIBUTION TO PARTNERS REQUESTED

C. Full Name (Last, First, Middle Initial)
HELI-BASKET, LLC

Mailing Address **P.O. BOX 259**

City **WEST UNION** State **SC** Zip Code **29696-0259**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.68732

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

ATTRIBUTION TO PARTNERS REQUESTED

Subtotal Of Receipts This Page (optional)..... **6400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
HQ ARORA NASH LLC

Mailing Address 11 VREELAND RD.

City	State	Zip Code
FLORHAM PARK	NJ	07932-1511

FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2600.00

Transaction ID : SA17.1045

Date of Receipt

M M / D D / Y Y Y Y
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
CHAIM NASH

Mailing Address 11 VREELAND RD

City	State	Zip Code
FLORHAM PARK	NJ	07932-1511

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HQ ARORA NASH LLC	PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2600.00

Transaction ID : SA17.639

Date of Receipt

M M / D D / Y Y Y Y
03 / 09 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 2600.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
HQ CMMC, LLC

Mailing Address 1670 DRYDOCK AVE.

City	State	Zip Code
NORTH CHARLESTON	SC	29405-2114

FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17.1640

Date of Receipt

M M / D D / Y Y Y Y
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 1000.00

Subtotal Of Receipts This Page (optional)..... 3600.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
RICHARD K. GREGORY

Mailing Address **36 HASELL ST**

City **CHARLESTON** State **SC** Zip Code **29401-1627**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HQ CMMC, LLC** Occupation **SHIPYARD MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17.913

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
HQ CTP VENTURES, LLC

Mailing Address **2417 LEON ST.**

City **AUSTIN** State **TX** Zip Code **78705-4605**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.779

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DAVID KLINE

Mailing Address **2417 LEON ST**

City **AUSTIN** State **TX** Zip Code **78705-4605**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HQ CTP VENTURES, LLC** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.317

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ **1000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
HQ DAEDALUS MANAGEMENT SOLUTIONS

Mailing Address 274 DORAL DR.

City PAWLEYS ISLAND State SC Zip Code 29585-6782

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1576

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
DAVID J. POSEK

Mailing Address 274 DORAL DR

City PAWLEYS ISLAND State SC Zip Code 29585-6782

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 HQ DAEDALUS MANAGEMENT SOLUTIONS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1923

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
HQ GEDNEY M. HOWE III, PA

Mailing Address PO BOX 1034

City CHARLESTON State SC Zip Code 29402-1034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1274

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 2500.00

Subtotal Of Receipts This Page (optional).....▶ 5200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
GEDNEY M. HOWE III

Mailing Address P.O. BOX 1034

City CHARLESTON State SC Zip Code 29402-1034

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.823

Date of Receipt
MM / DD / YYYY
02 / 21 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
HQ LOWCOUNTRY TITLES LLC

Mailing Address 5 NEW ORLEANS RD
SUITE 101

City HILTON HEAD ISLAND State SC Zip Code 29928-4761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.840

Date of Receipt
MM / DD / YYYY
04 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SALLY GARDOCKI

Mailing Address 63 YORKSHIRE DR.

City HILTON HEAD ISLAND State SC Zip Code 29928-3368

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.140

Date of Receipt
MM / DD / YYYY
04 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶ 1998041.03

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA PAC

Mailing Address **INTERSTATE 20 AT ALPINE ROAD**

City **COLUMBIA** State **SC** Zip Code **29219-0001**

FEC ID number of contributing federal political committee. **C C00406850**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2500.00**

Transaction ID : SA17.68729

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)
CB&I PAC

Mailing Address **1050 K ST NW**

City **WASHINGTON** State **DC** Zip Code **20001-4417**

FEC ID number of contributing federal political committee. **C C00104885**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Transaction ID : SA17.1261

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			27			2015			

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
CB&I PAC

Mailing Address **1050 K ST NW**

City **WASHINGTON** State **DC** Zip Code **20001-4417**

FEC ID number of contributing federal political committee. **C C00104885**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Transaction ID : SA17.832

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶

4500.00

Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
CHICAGO BRIDGE & IRON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1050 K. ST. NW, STE. 620

City	State	Zip Code
WASHINGTON	DC	20001-4456

FEC ID number of contributing federal political committee. **C** C00104885

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.1131

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
HOBBS STRAUS TRIBAL SOVEREIGNTY DEFENSE PAC

Mailing Address 2120 L. ST. NW, STE. 700

City	State	Zip Code
WASHINGTON	DC	20037-1543

FEC ID number of contributing federal political committee. **C** C00551697

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.292

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
IDT CORP. PAC

Mailing Address 520 BROAD ST.

City	State	Zip Code
NEWARK	NJ	07102-

FEC ID number of contributing federal political committee. **C** C00367383

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5000.00

Transaction ID : SA17.227

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 5000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 7000.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
INMAN MILLS GOVERNMENT FUND

Mailing Address P.O. BOX 207

City	State	Zip Code
INMAN	SC	29349-0207

FEC ID number of contributing federal political committee. **C** C00142893

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.69744

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
NELSON MULLINS RILEY & SCARBOROUGH PAC

Mailing Address PO BOX 11070

City	State	Zip Code
COLUMBIA	SC	29211-

FEC ID number of contributing federal political committee. **C** C00278895

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5000.00

Transaction ID : SA17.1225

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 5000.00

C. Full Name (Last, First, Middle Initial)
NOVOLEX HOLDINGS INC. RESPONSIBLE GOVERNMENT FUND

Mailing Address 101 E. CAROLINA AVENUE

City	State	Zip Code
HARTSVILLE	SC	29550-4213

FEC ID number of contributing federal political committee. **C** C00508127

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17.69313

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 2700.00

Subtotal Of Receipts This Page (optional).....▶ _____ 8700.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
SCANA PAC

Mailing Address **PO BOX 764**

City **COLUMBIA** State **SC** Zip Code **29202-**

FEC ID number of contributing federal political committee. **C C00200907**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.1310

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
SENATE MAJORITY FUND

Mailing Address **PO BOX 32025**

City **PHOENIX** State **AZ** Zip Code **85064-2025**

FEC ID number of contributing federal political committee. **C C00368431**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.729

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
UNAKA PAC

Mailing Address **1500 INDUSTRIAL RD.**

City **GREENEVILLE** State **TN** Zip Code **37745-3541**

FEC ID number of contributing federal political committee. **C C00371229**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.321

Date of Receipt
 M M / D D / Y Y Y Y
02 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **10400.00**

Total This Period (last page this line number only).....▶ **36800.00**

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input checked="" type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
TEAM GRAHAM, INC

Mailing Address **PO BOX 1801**

City State Zip Code
COLUMBIA SC 29202

FEC ID number of contributing federal political committee. **C C00458828**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1525000.00

Transaction ID : SA18.01

Date of Receipt
M M / D D / Y Y Y Y
01 14 2015

TRANSFER

Amount of Each Receipt this Period
25000.00

EXCESS 2014 FUNDS

B. Full Name (Last, First, Middle Initial)
TEAM GRAHAM, INC.

Mailing Address **PO BOX 1801**

City State Zip Code
COLUMBIA SC 29202

FEC ID number of contributing federal political committee. **C C00458828**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1525000.00

Transaction ID : SA18.02

Date of Receipt
M M / D D / Y Y Y Y
06 30 2015

TRANSFER

Amount of Each Receipt this Period
1500000.00

EXCESS 2014 FUNDS

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

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶ **1525000.00**

Total This Period (last page this line number only).....▶ **1525000.00**

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)
BB&T

Mailing Address **2200 WILSON BLVD
SUITE 100**

City **ARLINGTON** State **VA** Zip Code **22201**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1.78

Transaction ID : SA21.01

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

INTEREST EARNED

Amount of Each Receipt this Period
1.78

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

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶ **1.78**

Total This Period (last page this line number only).....▶ **1.78**

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. LINDSEY GRAHAM		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address PO BOX 486		Transaction ID : SB23.1437
City SENECA	State SC	
Purpose of Disbursement TRAVEL- MILEAGE	Category/ Type	Amount of Each Disbursement this Period 1340.85
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. LA GRIGLIA		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 2002 W GRAY ST		Transaction ID : SBUV9.00013
City HOUSTON	State TX	
Purpose of Disbursement FOOD/BEVERAGE	Category/ Type	Amount of Each Disbursement this Period 330.91
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. OMNI HOTEL		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 4001 MAPLE AVE STE 500		Transaction ID : SBUV9.00012
City DALLAS	State TX	
Purpose of Disbursement TRAVEL	Category/ Type	Amount of Each Disbursement this Period 558.76
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 1340.85

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. ALEXANDRIA ABIKHALED		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 320 PARK ROAD		Transaction ID : SB23.1300
City LEXINGTON	State SC Zip Code 29072	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 990.35
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. DENISE BAULD		Date of Disbursement MM / DD / YYYY 01 / 21 / 2015
Mailing Address 239 E. QUEEN STREET		Transaction ID : SB23.1316
City PENDLETON	State SC Zip Code 29670	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 770.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. DENISE BAULD		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 239 E. QUEEN STREET		Transaction ID : SB23.1317
City PENDLETON	State SC Zip Code 29670	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 897.67
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:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 2658.02

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DENISE BAULD		Date of Disbursement MM / DD / YYYY 03 / 13 / 2015
Mailing Address 239 E. QUEEN STREET		Transaction ID : SB23.1318
City PENDLETON	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 987.67
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. DENISE BAULD		Date of Disbursement MM / DD / YYYY 04 / 13 / 2015
Mailing Address 239 E. QUEEN STREET		Transaction ID : SB23.1319
City PENDLETON	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 987.67
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. DENISE BAULD		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 239 E. QUEEN STREET		Transaction ID : SB23.1320
City PENDLETON	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 987.67
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2693.01

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 610 / 893

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. PAULA HARPER BETHEA		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 51 PENINSULA DRIVE		Transaction ID : SB23.IK07
City HILTON HEAD ISLAND	State SC	
Purpose of Disbursement IN-KIND: EVENT CATERING		Amount of Each Disbursement this Period 1108.85
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) B. KEVIN BISHOP		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 100 GEMSTONE TRAIL		Transaction ID : SB23.1435
City EASLEY	State SC	
Purpose of Disbursement TRAVEL- MILEAGE		Amount of Each Disbursement this Period 1473.70
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 15 PARK WOODRUFF DR		Transaction ID : SBUV9.00052
City GREENVILLE	State SC	
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 320.17
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2582.55

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 233 S WACKER DR		Transaction ID : SBUV9.00050
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 345.60
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 233 S WACKER DR		Transaction ID : SBUV9.00051
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 210.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. KEVIN BISHOP		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 100 GEMSTONE TRAIL		Transaction ID : SB23.1436
City EASLEY	State SC	
Purpose of Disbursement TRAVEL- MILEAGE	Candidate Name	Amount of Each Disbursement this Period 229.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 229.60

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. STEPHEN BOWEN		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 17 ANTHONY DRIVE		Transaction ID : SB23.1333
City LONDONDERRY	State NH Zip Code 03053	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1193.84
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. BRITTANY BRAMELL		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 2313 LENNOX COURT		Transaction ID : SB23.1302
City LIVERMORE	State CA Zip Code 94550	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 3204.34
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. BRITTANY BRAMELL		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 2313 LENNOX COURT		Transaction ID : SB23.1370
City LIVERMORE	State CA Zip Code 94550	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 6774.18
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:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 11172.36

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. BRITTANY BRAMELL		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 2313 LENNOX COURT		Transaction ID : SB23.1371
City LIVERMORE	State CA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period 20000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. BRITTANY BRAMELL		Date of Disbursement MM / DD / YYYY 06 / 01 / 2015
Mailing Address 2313 LENNOX COURT		Transaction ID : SB23.1372
City LIVERMORE	State CA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period 10000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. BRITTANY BRAMELL		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 2313 LENNOX COURT		Transaction ID : SB23.1427
City LIVERMORE	State CA	
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 1120.35
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 31120.35

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. JETBLUE		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 2701 QUEENS PLZ		Transaction ID : SBUV9.00015
City LONG ISLAND CITY	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 983.84
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. BRITTANY BRAMELL		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 2313 LENNOX COURT		Transaction ID : SB23.1428
City LIVERMORE	State CA	
Purpose of Disbursement TRAVEL/FOOD/BEVERAGES	Candidate Name	Amount of Each Disbursement this Period 5972.67
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 3200 E AIRFIELD DR		Transaction ID : SBUV9.00024
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 376.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 5972.67

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. COURTYARD MARRIOTT		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 15 PARK WOODRUFF DR		Transaction ID : SBUV9.00017
City GREENVILLE State SC Zip Code 29607	Amount of Each Disbursement this Period 343.22	
Purpose of Disbursement TRAVEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. COURTYARD MARRIOTT		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 15 PARK WOODRUFF DR		Transaction ID : SBUV9.00018
City GREENVILLE State SC Zip Code 29607	Amount of Each Disbursement this Period 418.82	
Purpose of Disbursement TRAVEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. CROWNE PLAZA		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 3 RAVINIA DRIVE		Transaction ID : SBUV9.00020
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 368.42	
Purpose of Disbursement TRAVEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. CROWNE PLAZA		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 3 RAVINIA DRIVE		Transaction ID : SBUV9.00021
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 0.00 378.42	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. CROWNE PLAZA		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 3 RAVINIA DRIVE		Transaction ID : SBUV9.00022
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 0.00 427.38	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. HILTON		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 101 SOUTH COMMERCIAL STREET		Transaction ID : SBUV9.00023
City MANCHESTER State NH Zip Code 03101	Amount of Each Disbursement this Period 0.00 281.63	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. THRIFTY		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 5330 E 31ST STREET		Transaction ID : SBUV9.00019
City TULSA	State OK	
Purpose of Disbursement TRAVEL	Zip Code 74135	Amount of Each Disbursement this Period 640.33
Candidate Name	Category/ Type	[MEMO ITEM]
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : SBUV9.00016
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Zip Code 85034	Amount of Each Disbursement this Period 441.60
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : SBUV9.00025
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Zip Code 85034	Amount of Each Disbursement this Period 215.10
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : SBUV9.00026
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 688.60
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : SBUV9.00027
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 290.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. BRITTANY BRAMELL		Date of Disbursement MM / DD / YYYY 06 / 01 / 2015
Mailing Address 2313 LENNOX COURT		Transaction ID : SB23.1429
City LIVERMORE	State CA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 5431.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 5431.28

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. BRITTANY BRAMELL		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 2313 LENNOX COURT		Transaction ID : SB23.1430
City LIVERMORE	State CA	
Purpose of Disbursement TRAVEL- MILEAGE/FOOD/BEVERAGES		Amount of Each Disbursement this Period 9143.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SBUV9.00049
City PARSIPPANY	State NJ	
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 380.81
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. BUDGET		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SBUV9.00031
City PARSIPPANY	State NJ	
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 291.35
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 9143.53

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SBUV9.00032
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 144.60
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. DELTA		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SBUV9.00033
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 322.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SBUV9.00040
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 436.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SBUV9.00045
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 272.60	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. EMBASSY SUITES		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 755 CROSSOVER LANE		Transaction ID : SBUV9.00042
City MEMPHIS State TN Zip Code 38117	Amount of Each Disbursement this Period 275.74	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. EMBASSY SUITES		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 755 CROSSOVER LANE		Transaction ID : SBUV9.00043
City MEMPHIS State TN Zip Code 38117	Amount of Each Disbursement this Period 235.20	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. EMBASSY SUITES		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 755 CROSSOVER LANE		Transaction ID : SBUV9.00044
City MEMPHIS	State TN	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 248.20
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. HAMPTON INN & SUITES		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 8843 RICHMOND WAY		Transaction ID : SBUV9.00029
City ALEXANDRIA	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 181.26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. HAMPTON INN & SUITES		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 8843 RICHMOND WAY		Transaction ID : SBUV9.00030
City ALEXANDRIA	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 194.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SBUV9.00036
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 330.41
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. MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SBUV9.00037
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 417.36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SBUV9.00038
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 330.41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SBUV9.00039
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 341.04
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. MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SBUV9.00041
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 191.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 233 S WACKER DR		Transaction ID : SBUV9.00046
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 39.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 233 S WACKER DR		Transaction ID : SBUV9.00047
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="42.00"/>
Candidate Name	Category/ Type	[MEMO ITEM]
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : SBUV9.00028
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="215.10"/>
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : SBUV9.00034
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="141.60"/>
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : SBUV9.00035
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 141.60
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : SBUV9.00048
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 413.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. SUSAN S. CHAPMAN		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 428 KINGSTON ST		Transaction ID : SB23.IK06
City CONWAY	State SC	
Purpose of Disbursement IN-KIND: EVENT CATERING	Candidate Name	Amount of Each Disbursement this Period 1902.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1902.09

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. TERRI HALLMAN CHAPMAN		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 225 IBIS LANE		Transaction ID : SB23.IK03
City GOOSE CREEK	State SC	
Zip Code 29445-4020	Purpose of Disbursement IN-KIND: EVENT DECOR	Amount of Each Disbursement this Period 14,300.00
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. TYLER CHURCH		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 21951 BOHNA PARK ROAD		Transaction ID : SB23.1336
City DAMASCUS	State OR	
Zip Code 97089	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1320.30
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) C. ELIZABETH CONATSER		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 1525 KEARNY STREET NE		Transaction ID : SB23.1272
City WASHINGTON	State DC	
Zip Code 20017	Purpose of Disbursement FINANCE CONSULTING	Amount of Each Disbursement this Period 12500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 14120.30

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. ELIZABETH CONATSER		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 1525 KEARNY STREET NE		Transaction ID : SB23.1295
City WASHINGTON	State DC	
Purpose of Disbursement LIST RENTAL	Candidate Name	Amount of Each Disbursement this Period 3555.00
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. ELIZABETH CONATSER		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 1525 KEARNY STREET NE		Transaction ID : SB23.1433
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 3874.92
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 3200 E AIRFIELD DR		Transaction ID : SBUV8.000035
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 432.20
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: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 7429.92

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. HAMPTON INN & SUITES		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 8843 RICHMOND WAY		Transaction ID : SBUV8.000037
City ALEXANDRIA State VA Zip Code 22309	Amount of Each Disbursement this Period 241.70	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : SBUV8.000038
City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period 863.19	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : SBUV8.000039
City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period 321.09	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : SBUV8.000040
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 2015 370.92
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. USPS		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SBUV8.000041
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 2015 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. NICHOLAS CONNORS		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 29 MEADOWOOD LANE		Transaction ID : SB23.1324
City GLEN HEAD	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2015 2150.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2150.69

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)
A. JOHN MATTHEW COONEY III

Mailing Address **6400 FALLBROOK ROAD**

City **EDEN PRAIRIE** State **MN** Zip Code **55344**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 19 / 2015

Transaction ID : SB23.1321

Amount of Each Disbursement this Period
4420.32

Category/Type

Full Name (Last, First, Middle Initial)
B. JOSEPH DOIRON

Mailing Address **24 COUNTRY CLUB DR., APT 9**

City **MANCHESTER** State **NH** Zip Code **03102**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 19 / 2015

Transaction ID : SB23.1322

Amount of Each Disbursement this Period
1919.30

Category/Type

Full Name (Last, First, Middle Initial)
C. ALEXANDER ETGETON

Mailing Address **350 SOUTHWEST 2ND ST, APT 312**

City **DES MOINES** State **IA** Zip Code **50309**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 19 / 2015

Transaction ID : SB23.1298

Amount of Each Disbursement this Period
1300.54

Category/Type

Subtotal Of Receipts This Page (optional)..... **7640.16**

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SCOTT FARMER		Date of Disbursement MM / DD / YYYY 01 / 21 / 2015
Mailing Address 126 CEDAR CREST LANE		Transaction ID : SB23.1327
City IRMO State SC Zip Code 29063	Amount of Each Disbursement this Period 6095.84	
Purpose of Disbursement PAYROLL	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. SCOTT FARMER		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 126 CEDAR CREST LANE		Transaction ID : SB23.1328
City IRMO State SC Zip Code 29063	Amount of Each Disbursement this Period 6047.59	
Purpose of Disbursement PAYROLL	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) C. SCOTT FARMER		Date of Disbursement MM / DD / YYYY 03 / 13 / 2015
Mailing Address 126 CEDAR CREST LANE		Transaction ID : SB23.1329
City IRMO State SC Zip Code 29063	Amount of Each Disbursement this Period 6047.58	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 18191.01

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SCOTT FARMER		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 126 CEDAR CREST LANE		Transaction ID : SB23.1440
City IRMO State SC Zip Code 29063	Amount of Each Disbursement this Period 3536.04	
Purpose of Disbursement TRAVEL- MILEAGE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. COPPER DOOR RESTAURANT		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address LEAVY DRIVE		Transaction ID : SBUV8.000034
City BEDFORD State NH Zip Code 03110	Amount of Each Disbursement this Period 2521.66	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. SCOTT FARMER		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 126 CEDAR CREST LANE		Transaction ID : SB23.1441
City IRMO State SC Zip Code 29063	Amount of Each Disbursement this Period 102.37	
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 3638.41

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SCOTT FARMER		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 126 CEDAR CREST LANE		Transaction ID : SB23.1442
City IRMO State SC Zip Code 29063	Amount of Each Disbursement this Period 46.24	
Purpose of Disbursement TRAVEL	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. TRACIE GIBLER		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 225 PRAIRIEVIEW DRIVE, APT 9324		Transaction ID : SB23.1335
City WEST DES MOINES State IA Zip Code 50266	Amount of Each Disbursement this Period 2601.19	
Purpose of Disbursement PAYROLL	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) C. TRACIE GIBLER		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 225 PRAIRIE VIEW DRIVE, APT 9324		Transaction ID : SB23.1387
City WEST DES MOINES State IA Zip Code 50266	Amount of Each Disbursement this Period 7750.00	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 10397.43

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. TRACIE GIBLER		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 225 PRAIRIE VIEW DRIVE, APT 9324		Transaction ID : SB23.1388
City WEST DES MOINES	State IA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4000.00
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. TRACIE GIBLER		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 225 PRAIRIE VIEW DRIVE, APT 9324		Transaction ID : SB23.1389
City WEST DES MOINES	State IA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 7750.00
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. TRACIE GIBLER		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 225 PRAIRIE VIEW DRIVE, APT 9324		Transaction ID : SB23.1445
City WEST DES MOINES	State IA	
Purpose of Disbursement TRAVEL- MILEAGE	Candidate Name	Amount of Each Disbursement this Period 165.37
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: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 11915.37

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. TYSON GRINSTEAD		Date of Disbursement MM / DD / YYYY 01 / 21 / 2015
Mailing Address 1006 COATESDALE ROAD		Transaction ID : SB23.1337
City COLUMBIA State SC Zip Code 29209	Amount of Each Disbursement this Period 2245.84	
Purpose of Disbursement PAYROLL	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. TYSON GRINSTEAD		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 1006 COATESDALE ROAD		Transaction ID : SB23.1338
City COLUMBIA State SC Zip Code 29209	Amount of Each Disbursement this Period 2286.07	
Purpose of Disbursement PAYROLL	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) C. ALEXANDER HAYES		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 4274 SILVER EAGLE COVE		Transaction ID : SB23.1299
City DENVER State NC Zip Code 28037	Amount of Each Disbursement this Period 1306.84	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 5838.75

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DANA HURTIK		Date of Disbursement MM / DD / YYYY 01 / 21 / 2015
Mailing Address 5 RIDGE CLIFF COURT		Transaction ID : SB23.1310
City IRMO State SC Zip Code 29063	Amount of Each Disbursement this Period 231.00	
Purpose of Disbursement PAYROLL	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. DANA HURTIK		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 5 RIDGE CLIFF COURT		Transaction ID : SB23.1311
City IRMO State SC Zip Code 29063	Amount of Each Disbursement this Period 275.48	
Purpose of Disbursement PAYROLL	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) C. DANA HURTIK		Date of Disbursement MM / DD / YYYY 03 / 13 / 2015
Mailing Address 5 RIDGE CLIFF COURT		Transaction ID : SB23.1312
City IRMO State SC Zip Code 29063	Amount of Each Disbursement this Period 275.48	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 781.96

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DANA HURTIK		Date of Disbursement MM / DD / YYYY 04 / 13 / 2015
Mailing Address 5 RIDGE CLIFF COURT		Transaction ID : SB23.1313
City IRMO	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 275.48
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:	Category/ Type

Full Name (Last, First, Middle Initial) B. DANA HURTIK		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 5 RIDGE CLIFF COURT		Transaction ID : SB23.1314
City IRMO	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 275.48
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:	Category/ Type

Full Name (Last, First, Middle Initial) C. DANA HURTIK		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 5 RIDGE CLIFF COURT		Transaction ID : SB23.1315
City IRMO	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 318.04
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:	Category/ Type

Subtotal Of Receipts This Page (optional)..... 869.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. ANDREW KING		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 6950 GREENVALE ST NW		Transaction ID : SB23.1422
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL- MILEAGE	Zip Code 20015	Amount of Each Disbursement this Period 697.06
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. OMNI HOTEL		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 4001 MAPLE AVE STE 500		Transaction ID : SBUV9.00014
City DALLAS	State TX	
Purpose of Disbursement TRAVEL	Zip Code 75219	Amount of Each Disbursement this Period 524.76
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MR. WESLEY LEGRAND		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 511 COLLEGE AVE		Transaction ID : SB23.IK02
City SHELBY	State NC	
Purpose of Disbursement IN-KIND: EVENT CATERING	Zip Code 28152-7188	Amount of Each Disbursement this Period 1152.08
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1849.14

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. RACHAEL LEMAN		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 1017 DUKE STREET		Transaction ID : SB23.1325
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4308.01
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. RACHAEL LEMAN		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 1017 DUKE STREET		Transaction ID : SB23.1381
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 9600.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. RACHAEL LEMAN		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 1017 DUKE STREET		Transaction ID : SB23.1382
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 12000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 25908.01

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. EDWARD MERCER		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 223 E. AUGUSTA PLACE		Transaction ID : SB23.1432
City GREENVILLE State SC Zip Code 02960	Amount of Each Disbursement this Period 292.11	
Purpose of Disbursement TRAVEL-MILEAGE	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. KARLI MILLER		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 78 GREENWOOD STREET		Transaction ID : SB23.1323
City LAKE PLACID State NY Zip Code 12946	Amount of Each Disbursement this Period 1262.44	
Purpose of Disbursement PAYROLL	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) C. RYAN O'CONNOR		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 35 MYRTLE AVE		Transaction ID : SB23.1326
City CAMBRIDGE State MA Zip Code 02138	Amount of Each Disbursement this Period 941.01	
Purpose of Disbursement PAYROLL	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2495.56

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. CAROLINE O'NEAL		Date of Disbursement MM / DD / YYYY 01 / 21 / 2015
Mailing Address 2726 PRESTON STREET		Transaction ID : SB23.1303
City COLUMBIA	State SC	
Zip Code 29205	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1925.00
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. CAROLINE O'NEAL		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 2726 PRESTON STREET		Transaction ID : SB23.1304
City COLUMBIA	State SC	
Zip Code 29205	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1992.94
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) C. CAROLINE O'NEAL		Date of Disbursement MM / DD / YYYY 03 / 13 / 2015
Mailing Address 2726 PRESTON STREET		Transaction ID : SB23.1305
City COLUMBIA	State SC	
Zip Code 29205	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1992.94
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 5910.88

Total This Period (last page this line number only).....

**SCHEDULE B-P
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Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. CAROLINE O'NEAL		Date of Disbursement MM / DD / YYYY 04 / 13 / 2015
Mailing Address 2726 PRESTON STREET		Transaction ID : SB23.1306
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1992.94	
Purpose of Disbursement PAYROLL	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. CAROLINE O'NEAL		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 2726 PRESTON STREET		Transaction ID : SB23.1307
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1992.94	
Purpose of Disbursement PAYROLL	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) C. CAROLINE O'NEAL		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 2726 PRESTON STREET		Transaction ID : SB23.1308
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1824.80	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 5810.68

Total This Period (last page this line number only).....

**SCHEDULE B-P
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Use separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. CAROLINE O'NEAL		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 2726 PRESTON STREET		Transaction ID : SB23.1431
City COLUMBIA	State SC	
Purpose of Disbursement TRAVEL-MILEAGE	Candidate Name	Amount of Each Disbursement this Period 1500.00
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. BRENDAN PARETS		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 425 L ST NW, APT 1326		Transaction ID : SB23.1286
City WASHINGTON	State DC	
Purpose of Disbursement LEGAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 11000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. BRENDAN PARETS		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 425 L STREET NW, APT 1326		Transaction ID : SB23.1301
City WASHINGTON	State DC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4017.42
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 15396.14

Total This Period (last page this line number only).....

**SCHEDULE B-P
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Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DR. LAURENCE E. PAUL		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 331 N. CLIFFWOOD AVENUE		Transaction ID : SB23.IK05
City LOS ANGELES	State CA	
Purpose of Disbursement IN-KIND: FUNDRAISING EVENT COSTS		Amount of Each Disbursement this Period 1392.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. RICHARD PERRY		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 1110 EAST CAPITOL STREET, NE		Transaction ID : SB23.1438
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 669.94
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. BUDGET		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SBUV9.00054
City PARSIPPANY	State NJ	
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 209.34
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2061.94

Total This Period (last page this line number only).....

**SCHEDULE B-P
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Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. FOUR SEASONS		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 904 SAWBUCK WAY		Transaction ID : SBUV9.00053
City EVANS	State GA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 353.70
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. RICHARD PERRY		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 1110 EAST CAPITOL STREET, NE		Transaction ID : SB23.1439
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 101.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CHRISTIANA PURVES		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 1121 SOUTH PAMPLICO HIGHWAY		Transaction ID : SB23.1309
City PAMPLICO	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1202.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 1303.73

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. CHRISTIANA PURVES		Date of Disbursement MM / DD / YYYY 06 / 01 / 2015
Mailing Address 1121 SOUTH PAMPLICO HIGHWAY		Transaction ID : SB23.1373
City PAMPLICO State SC Zip Code 29583	Amount of Each Disbursement this Period 1935.50	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	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. HELEN RISCH		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 3540 COLGATE AVE		Transaction ID : SB23.IK04
City DALLAS State TX Zip Code 75225-5009	Amount of Each Disbursement this Period 349.00	
Purpose of Disbursement IN-KIND: EVENT CATERING	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) C. MARK SALTER		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 308 W. MYRTLE STREET		Transaction ID : SB23.1378
City ALEXANDRIA State VA Zip Code 22301	Amount of Each Disbursement this Period 9935.00	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 12219.50

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. WALTER SHELL SUBER III		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 743 ARBUTUS DRIVE		Transaction ID : SB23.1391
City COLUMBIA	State SC	
Zip Code 29205	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Amount of Each Disbursement this Period 6666.00
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. WALTER SHELL SUBER III		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 743 ARBUTUS DRIVE		Transaction ID : SB23.1444
City COLUMBIA	State SC	
Zip Code 29205	Purpose of Disbursement TRAVEL- MILEAGE	Amount of Each Disbursement this Period 314.72
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) C. WALTER SHELL SUBER III		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 743 ARBUTUS DRIVE		Transaction ID : SB23.1446
City COLUMBIA	State SC	
Zip Code 29205	Purpose of Disbursement TRAVEL- MILEAGE	Amount of Each Disbursement this Period 142.24
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 7122.96

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. ALEXA VELICKOVICH		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 3503 WILMOT AVE		Transaction ID : SB23.1297
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1113.07	
Purpose of Disbursement PAYROLL	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. ALEXA VELICKOVICH		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 3503 WILMOT AVE		Transaction ID : SB23.1421
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 271.40	
Purpose of Disbursement TRAVEL- MILEAGE	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) C. DERBY WATKINS		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 16301 KELLY WOODS DR. #206		Transaction ID : SB23.1271
City FORT MYERS State FL Zip Code 33908	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement FINANCE CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 4384.47

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. 1555 KING STREET COURT, LLC		Date of Disbursement MM / DD / YYYY 04 / 30 / 2015
Mailing Address 1555 KING STREET COURT		Transaction ID : SB23.1409
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 7500.00	
Purpose of Disbursement RENT	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. 1555 KING STREET COURT, LLC		Date of Disbursement MM / DD / YYYY 04 / 30 / 2015
Mailing Address 1555 KING STREET COURT		Transaction ID : SB23.1410
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 15000.00	
Purpose of Disbursement RENT	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) C. 1555 KING STREET COURT, LLC		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 1555 KING STREET COURT		Transaction ID : SB23.1411
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 7500.00	
Purpose of Disbursement RENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 30000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. 1555 KING STREET COURT, LLC		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 1555 KING STREET COURT		Transaction ID : SB23.1412
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1250.00	
Purpose of Disbursement RENT	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. 1555 KING STREET COURT, LLC		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 1555 KING STREET COURT		Transaction ID : SB23.1413
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 937.50	
Purpose of Disbursement RENT	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) C. ACTION SEPTIC TANK & PORTABLE TOILETS		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 604 W BEAR SWAMP ROAD		Transaction ID : SB23.1259
City WALHALLA State SC Zip Code 29691	Amount of Each Disbursement this Period 980.16	
Purpose of Disbursement EQUIPMENT RENTAL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 3167.66

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 03 / 11 / 2015
Mailing Address P.O. BOX 650448		Transaction ID : SB23.1251
City DALLAS State TX Zip Code 75265-0448	Amount of Each Disbursement this Period 724.52	
Purpose of Disbursement CREDIT CARD PAYMENT	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 03 / 11 / 2015
Mailing Address 421 BUSH RIVER ROAD		Transaction ID : SB23CCUV.8228
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 34.52	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. TELEFLORA		Date of Disbursement MM / DD / YYYY 03 / 11 / 2015
Mailing Address 3737 NW 34TH STREET		Transaction ID : SB23CCUV.7973
City OKLAHOMA CITY State OK Zip Code 73112-3353	Amount of Each Disbursement this Period 64.80	
Purpose of Disbursement FLORAL SERVICE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 724.52

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 04 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7780
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 234.10	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 04 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7781
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 234.10	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 04 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7777
City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period 781.46	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 04 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7778
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 165.10
Candidate Name	Category/ Type	[MEMO ITEM]
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. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 05 / 12 / 2015
Mailing Address P.O. BOX 650448		Transaction ID : SB23.1253
City DALLAS	State TX	
Zip Code 75265-0448	Purpose of Disbursement CREDIT CARD PAYMENT	Amount of Each Disbursement this Period 1444.34
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. EXCLUSIVE CHARTER SERVICE, INC		Date of Disbursement MM / DD / YYYY 05 / 12 / 2015
Mailing Address 1500 PERIMETER ROAD		Transaction ID : SB23CCUV.8058
City WEST PALM BEACH	State FL	
Zip Code 33406	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 156.66
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1444.34

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. TUPELO HONEY CAFE		Date of Disbursement MM / DD / YYYY 05 / 12 / 2015
Mailing Address 1616 N TROY ST		Transaction ID : SB23CCUV.7975
City ARLINGTON	State VA Zip Code 22201	
Purpose of Disbursement FOOD/BEVERAGE	Category/ Type	Amount of Each Disbursement this Period 36.94
Candidate Name		[MEMO ITEM]
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 05 / 12 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7783
City CHICAGO	State IL Zip Code 60606	
Purpose of Disbursement TRAVEL	Category/ Type	Amount of Each Disbursement this Period 415.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 05 / 12 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7784
City CHICAGO	State IL Zip Code 60606	
Purpose of Disbursement TRAVEL	Category/ Type	Amount of Each Disbursement this Period 142.70
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)
A. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD.

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
05 / 12 / 2015

Transaction ID : **SB23CCUV.7782**

Amount of Each Disbursement this Period: 686.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. ZAXBY'S

Mailing Address 1040 FOUNDERS BLVD

City ATHENS State GA Zip Code 30606

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
05 / 12 / 2015

Transaction ID : **SB23CCUV.7976**

Amount of Each Disbursement this Period: 6.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. ARISTOTLE INTERNATIONAL, INC.

Mailing Address 205 PENNSYLVANIA AVE. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 12 / 2015

Transaction ID : **SB23.1416**

Amount of Each Disbursement this Period: 1500.00

Subtotal Of Receipts This Page (optional)..... → 1500.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. AVONDALE FINANCE, LLC		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address C/O SCR & ASSOCIATES		Transaction ID : SB23.1269
City WOBURN	State MA	
Zip Code 01801	Purpose of Disbursement FINANCE CONSULTING	Amount of Each Disbursement this Period 2890.00
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. BB&T		Date of Disbursement MM / DD / YYYY 04 / 21 / 2015
Mailing Address 5439 HARFORD ROAD		Transaction ID : SB23.1234
City BALTIMORE	State MD	
Zip Code 21214	Purpose of Disbursement BANK FEE	Amount of Each Disbursement this Period 12.00
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) C. BB&T		Date of Disbursement MM / DD / YYYY 05 / 21 / 2015
Mailing Address 5439 HARFORD ROAD		Transaction ID : SB23.1235
City BALTIMORE	State MD	
Zip Code 21214	Purpose of Disbursement BANK FEE	Amount of Each Disbursement this Period 76.50
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2978.50

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. BB&T		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 5439 HARFORD ROAD		Transaction ID : SB23.1236
City BALTIMORE	State MD	
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period 83.00
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) B. BLUE STAR JETS		Date of Disbursement MM / DD / YYYY 04 / 08 / 2015
Mailing Address 880 THIRD AVE		Transaction ID : SB23.1423
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 12240.00
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) C. BLUEBONNET FUNDRAISING, LLC		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 300 BEE CAVES RD #650-1151		Transaction ID : SB23.1270
City AUSTIN	State TX	
Purpose of Disbursement FINANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 14250.00
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: _____	Category/ Type

Subtotal Of Receipts This Page (optional)..... 26573.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. BLUEBONNET FUNDRAISING, LLC		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 300 BEE CAVES RD #650-1151		Transaction ID : SB23.1276
City AUSTIN	State TX	
Purpose of Disbursement FINANCE CONSULTING/TRAVEL	Candidate Name	Amount of Each Disbursement this Period 14877.37
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) B. BLUEBONNET FUNDRAISING, LLC		Date of Disbursement MM / DD / YYYY 02 / 12 / 2015
Mailing Address 300 BEE CAVES RD #650-1151		Transaction ID : SB23.1424
City AUSTIN	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 962.20
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) C. BLUEBONNET FUNDRAISING, LLC		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 300 BEE CAVES RD #650-1151		Transaction ID : SB23.1425
City AUSTIN	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 3628.66
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: _____	Category/ Type

Subtotal Of Receipts This Page (optional)..... 19468.23

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. BLUEBONNET FUNDRAISING, LLC

Mailing Address 300 BEE CAVES RD #650-1151

City AUSTIN State TX Zip Code 78746

Purpose of Disbursement
TRAVEL

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
0	4		1	7		2	0	1	5

Transaction ID : SB23.1426

Amount of Each Disbursement this Period

1	8	3	3	.	2	7
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CALIFORNIA FRANCHISE TAX BOARD

Mailing Address P.O. BOX 942840

City SACRAMENTO State CA Zip Code 94240-0040

Purpose of Disbursement
PAYROLL TAXES

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
0	6		1	9		2	0	1	5

Transaction ID : SB23.1345

Amount of Each Disbursement this Period

1	0	8	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

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
0	6		2	6		2	0	1	5

Transaction ID : SB23.1248

Amount of Each Disbursement this Period

1	4	5	6	.	3	7
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Subtotal Of Receipts This Page (optional)..... 3397.64

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		Transaction ID : SB23.1249
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 14231.06	
Purpose of Disbursement CREDIT CARD MERCHANT FEES/LIST RENTAL	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. CAMPAIGN SOLUTIONS		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		Transaction ID : SB23.1250
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 4986.74	
Purpose of Disbursement CREDIT CARD MERCHANT FEES/LIST RENTAL	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) C. CAMPAIGN SOLUTIONS		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		Transaction ID : SB23.1294
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 9000.00	
Purpose of Disbursement LIST RENTAL	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 28217.80

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 300 FIRST STREET SE		Transaction ID : SB23.1277
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 10124.92
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. CAROLINA BUSINESS EQUIPMENT		Date of Disbursement MM / DD / YYYY 02 / 12 / 2015
Mailing Address 5123 BUSH RIVER ROAD		Transaction ID : SB23.1260
City COLUMBIA	State SC	
Zip Code 29212	Purpose of Disbursement EQUIPMENT RENTAL	Amount of Each Disbursement this Period 170.00
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) C. CAROLINA BUSINESS EQUIPMENT		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 5123 BUSH RIVER ROAD		Transaction ID : SB23.1261
City COLUMBIA	State SC	
Zip Code 29212	Purpose of Disbursement EQUIPMENT RENTAL	Amount of Each Disbursement this Period 170.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 10464.92

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. CD INC		Date of Disbursement MM / DD / YYYY 05 / 28 / 2015
Mailing Address PO BOX 1877		Transaction ID : SB23.1296
City ALEXANDRIA	State VA	
Purpose of Disbursement ONLINE ADVERTISING	Candidate Name	Amount of Each Disbursement this Period \$ 56195.21
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. CD INC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2015
Mailing Address PO BOX 1877		Transaction ID : SB23.1459
City ALEXANDRIA	State VA	
Purpose of Disbursement ONLINE ADVERTISING	Candidate Name	Amount of Each Disbursement this Period \$ 10000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CD INC		Date of Disbursement MM / DD / YYYY 05 / 19 / 2015
Mailing Address PO BOX 1877		Transaction ID : SB23.1460
City ALEXANDRIA	State VA	
Purpose of Disbursement ONLINE ADVERTISING	Candidate Name	Amount of Each Disbursement this Period \$ 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... **71195.21**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. CD INC		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address PO BOX 1877		Transaction ID : SB23.1463
City ALEXANDRIA	State VA	
Purpose of Disbursement ONLINE ADVERTISING	Candidate Name	Amount of Each Disbursement this Period 10000.00
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. CHARLIE PALMER STEAK		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 101 CONSTITUTION AVE		Transaction ID : SB23.1237
City WASHINGTON	State DC	
Purpose of Disbursement CATERING	Candidate Name	Amount of Each Disbursement this Period 3639.50
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. CLASSIC CATERING, LLC		Date of Disbursement MM / DD / YYYY 02 / 12 / 2015
Mailing Address 1500 MCSWAIN DRIVE		Transaction ID : SB23.1238
City WEST COLUMBIA	State SC	
Purpose of Disbursement CATERING	Candidate Name	Amount of Each Disbursement this Period 1567.50
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: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 15207.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. CLEMSON CONFERENCE CENTER & INN		Date of Disbursement MM / DD / YYYY 05 / 28 / 2015
Mailing Address 230 MADREN CENTER DRIVE		Transaction ID : SB23.1278
City CLEMSON	State SC	
Zip Code 29631	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 3574.00
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. CMDI		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 1593 SPRING HILL ROAD		Transaction ID : SB23.1244
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Amount of Each Disbursement this Period 10.05
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) C. CMDI		Date of Disbursement MM / DD / YYYY 06 / 18 / 2015
Mailing Address 1593 SPRING HILL ROAD		Transaction ID : SB23.1245
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Amount of Each Disbursement this Period 5.25
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 3589.30

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 1593 SPRING HILL ROAD		Transaction ID : SB23.1246
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 606.13
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 1593 SPRING HILL ROAD		Transaction ID : SB23.1247
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 256.05
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement MM / DD / YYYY 06 / 04 / 2015
Mailing Address 1593 SPRING HILL ROAD		Transaction ID : SB23.1255
City TYSONS CORNER	State VA	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		Amount of Each Disbursement this Period 12982.96
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 13845.14

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. COLONIAL LIFE & ACCIDENT INSURANCE CO.

Mailing Address c/o NAI AVANT -0040

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement
RENT

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
01		15		2015

Transaction ID : SB23.1414

Amount of Each Disbursement this Period

4387.50

B. COLONIAL LIFE & ACCIDENT INSURANCE CO.

Mailing Address c/o NAI AVANT -0040

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement
RENT

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
05		08		2015

Transaction ID : SB23.1415

Amount of Each Disbursement this Period

2925.00

C. COVINGTON & BURLING, LLP

Mailing Address ONE CITYCENTER

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
LEGAL 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
06		05		2015

Transaction ID : SB23.1287

Amount of Each Disbursement this Period

7509.96

Subtotal Of Receipts This Page (optional)..... 14822.46

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. CRYSTAL ROWLAND & ASSOCIATES

Mailing Address 302 WASHINGTON STREET, SUITE 555

City SAN DIEGO State CA Zip Code 92103

Purpose of Disbursement
FINANCE 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
0	4		2	4		2	0	1	5

Transaction ID : SB23.1275

Amount of Each Disbursement this Period

5	0	0	0	0	.	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. DC OFFICE OF TAX & REVENUE

Mailing Address 1101 4TH ST. SW, SUITE W270

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement
PAYROLL TAXES

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
0	6		1	9		2	0	1	5

Transaction ID : SB23.1346

Amount of Each Disbursement this Period

4	5	3	.	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. DEPARTMENT OF THE TREASURY

Mailing Address INTERNAL REVENUE SERVICE

City CINCINNATI State OH Zip Code 45280-4522

Purpose of Disbursement
PAYROLL TAXES

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
0	2		1	7		2	0	1	5

Transaction ID : SB23.1347

Amount of Each Disbursement this Period

3	7	5	2	.	2	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Subtotal Of Receipts This Page (optional)..... 9205.20

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DEPARTMENT OF THE TREASURY		Date of Disbursement MM / DD / YYYY 03 / 16 / 2015
Mailing Address INTERNAL REVENUE SERVICE		Transaction ID : SB23.1348
City CINCINNATI State OH Zip Code 45280-4522	Amount of Each Disbursement this Period 3520.13	
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DEPARTMENT OF THE TREASURY		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address INTERNAL REVENUE SERVICE		Transaction ID : SB23.1349
City CINCINNATI State OH Zip Code 45280-4522	Amount of Each Disbursement this Period 2803.60	
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DEPARTMENT OF THE TREASURY		Date of Disbursement MM / DD / YYYY 04 / 30 / 2015
Mailing Address INTERNAL REVENUE SERVICE		Transaction ID : SB23.1350
City CINCINNATI State OH Zip Code 45280-4522	Amount of Each Disbursement this Period 142.40	
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 6466.13

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DERRICK, STUBBS & STITH, LLP		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 508 HAMPTON STREET, 1ST FLOOR		Transaction ID : SB23.1288
City COLUMBIA State SC Zip Code 29201	Amount of Each Disbursement this Period 485.00	
Purpose of Disbursement ACCOUNTING SERVICES	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. DERRICK, STUBBS & STITH, LLP		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 508 HAMPTON STREET, 1ST FLOOR		Transaction ID : SB23.1289
City COLUMBIA State SC Zip Code 29201	Amount of Each Disbursement this Period 97.50	
Purpose of Disbursement ACCOUNTING SERVICES	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) C. DISCOVER CARD		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address PO BOX 6103		Transaction ID : SB23.1254
City CAROL STREAM State IL Zip Code 60197-6103	Amount of Each Disbursement this Period 117655.71	
Purpose of Disbursement CREDIT CARD PAYMENT	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 118238.21

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. ACE HARDWARE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2200 KENSINGTON COURT		Transaction ID : SB23CCUV.8235
City OAKBROOK	State IL	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 5.34
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. AIR CHARTER SERVICE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 450 REXCORP PLAZA		Transaction ID : SB23CCUV.7921
City UNIONDALE	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 6655.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. ALAMO CAR RENTAL		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7434 NEW RIDGE ROAD		Transaction ID : SB23CCUV.7922
City HANOVER	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 64.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. ALASKA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 68900		Transaction ID : SB23CCUV.7807
City SEATTLE	State WA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 558.10
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.7799
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 608.46
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.7803
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 447.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.7804
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 447.47
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.7805
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 608.46
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.7806
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 608.46
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.7828
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 409.10
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.7829
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 409.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.7869
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 396.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.7894
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 856.10
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.7904
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.7905
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.7917
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 150.10
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.7946
City DFW AIRPORT	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.7947
City DFW AIRPORT	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : SB23CCUV.8142
City DFW AIRPORT	State TX	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 9.99
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. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		Transaction ID : SB23CCUV.7945
City WASHINGTON	State DC	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -54.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		Transaction ID : SB23CCUV.8280
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 267.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		Transaction ID : SB23CCUV.8281
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 422.00
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. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		Transaction ID : SB23CCUV.8282
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 267.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		Transaction ID : SB23CCUV.8283
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 211.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. ARAMARK		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 100 MADREN CENTER DR		Transaction ID : SB23CCUV.8052
City CLEMSON	State SC	
Purpose of Disbursement CATERING	Candidate Name	Amount of Each Disbursement this Period 4918.93
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. ARAMARK		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 100 MADREN CENTER DR		Transaction ID : SB23CCUV.8053
City CLEMSON	State SC	
Purpose of Disbursement CATERING	Candidate Name	Amount of Each Disbursement this Period 1176.67
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. ARAMARK		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 100 MADREN CENTER DR		Transaction ID : SB23CCUV.8054
City CLEMSON	State SC	
Purpose of Disbursement CATERING	Candidate Name	Amount of Each Disbursement this Period 81.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. ARAMARK		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 100 MADREN CENTER DR		Transaction ID : SB23CCUV.8055
City CLEMSON	State SC	
Purpose of Disbursement CATERING	Candidate Name	Amount of Each Disbursement this Period 983.78
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. ARBYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 114 WARD ST		Transaction ID : SB23CCUV.8022
City SALISBURY	State MD	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 15.39
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. AVALON HOTEL		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 9400 W OLYMPIC BLVD		Transaction ID : SB23CCUV.8207
City BEVERLY HILLS	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 276.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. AVALON HOTEL		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 9400 W OLYMPIC BLVD		Transaction ID : SB23CCUV.8208
City BEVERLY HILLS	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 276.21
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. AVALON HOTEL		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 9400 W OLYMPIC BLVD		Transaction ID : SB23CCUV.8209
City BEVERLY HILLS	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 276.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. B2 TENN TAVERN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address NASHVILLE INTERNATIONAL AIRPORT		Transaction ID : SB23CCUV.8025
City NASHVILLE	State TN	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 60.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. BEDFORD VILLAGE INN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2 OLDE BEDFORD WAY		Transaction ID : SB23CCUV.8159
City BEDFORD	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 328.07
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. BEDFORD VILLAGE INN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2 OLDE BEDFORD WAY		Transaction ID : SB23CCUV.8163
City BEDFORD	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 38.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. BEDFORD VILLAGE INN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2 OLDE BEDFORD WAY		Transaction ID : SB23CCUV.8164
City BEDFORD	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 325.02
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. BEVERLY HILLS PENINSULA HOTEL

Mailing Address 9882 S SANTA MONICA BLVD

City State Zip Code
BEVERLY HILLS CA 92012

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB23CCUV.7987

Amount of Each Disbursement this Period

35.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BIAGGI'S

Mailing Address 1705 CLEARWATER AVENUE

City State Zip Code
BLOOMINGTON IL 61704

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB23CCUV.8007

Amount of Each Disbursement this Period

354.19

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BOB'S STEAK & CHOP

Mailing Address 250 5TH AVE S

City State Zip Code
NASHVILLE TN 37203

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB23CCUV.8035

Amount of Each Disbursement this Period

239.26

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. BOINGO WIRELESS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 10960 WILSHIRE BLVD		Transaction ID : SB23CCUV.8132
City LOS ANGELES	State CA	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 6.95
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. BOS TAXI		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1151 47TH AVE		Transaction ID : SB23CCUV.8073
City LONG ISLAND CITY	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 18.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. BOS TAXI		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1151 47TH AVE		Transaction ID : SB23CCUV.8085
City LONG ISLAND CITY	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 8.20
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: _____		

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NAME OF COMMITTEE (In Full)
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Full Name (Last, First, Middle Initial) A. BOS TAXI		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1151 47TH AVE		Transaction ID : SB23CCUV.8086
City LONG ISLAND CITY	State NY	
Zip Code 11101	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 38.52
Candidate Name	Category/ Type	[MEMO ITEM]
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. BROWN PALACE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 321 17TH STREET		Transaction ID : SB23CCUV.8013
City DENVER	State CO	
Zip Code 80202	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 241.82
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. BROWN PALACE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 321 17TH STREET		Transaction ID : SB23CCUV.8014
City DENVER	State CO	
Zip Code 80202	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 47.96
Candidate Name	Category/ Type	[MEMO ITEM]
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:		

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. BROWN PALACE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 321 17TH STREET		Transaction ID : SB23CCUV.8171
City DENVER	State CO	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 444.84
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. BURGER KING		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7611 RICKENBACKER DRIVE		Transaction ID : SB23CCUV.7995
City GAITHERSBURG	State MD	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 3.79
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. C FRESH ATTRACTIONS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 5501 RC JOSH BIRMINGHAM PKWY		Transaction ID : SB23CCUV.8026
City CHARLOTTE	State NC	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 15.12
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: _____	

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**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. CAFE BERLIN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 322 MASSACHUSETTS AVE NE		Transaction ID : SB23CCUV.8030
City WASHINGTON	State DC	
Purpose of Disbursement FOOD/BEVERAGE	Zip Code 20002	Amount of Each Disbursement this Period 135.50
Candidate Name	Category/ Type	[MEMO ITEM]
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. CAFE STRUDEL		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 300 STATE STREET		Transaction ID : SB23CCUV.8051
City COLUMBIA	State SC	
Purpose of Disbursement FOOD/BEVERAGE	Zip Code 29169	Amount of Each Disbursement this Period 29.49
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CANTINA 76		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1301 MAIN STREET		Transaction ID : SB23CCUV.8046
City COLUMBIA	State SC	
Purpose of Disbursement FOOD/BEVERAGE	Zip Code 29169	Amount of Each Disbursement this Period 92.92
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. CHARLOTTE AVIATION PARKING

Mailing Address 5501 RC JOSH BIRMINGHAM PARKWAY

City CHARLOTTE State NC Zip Code 28208

Purpose of Disbursement
TRAVEL

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
06 / 08 / 2015

Transaction ID : SB23CCUV.8250

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CHECKS IN THE MAIL

Mailing Address 2435 GOODWIN LN

City NEW BRAUNFELS State TX Zip Code 78135

Purpose of Disbursement
OFFICE SUPPLIES

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
06 / 08 / 2015

Transaction ID : SB23CCUV.8229

Amount of Each Disbursement this Period

62.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. COLONIAL PRINTING

Mailing Address 419 HUGER ST

City COLUMBIA State SC Zip Code 29201

Purpose of Disbursement
PRINTING

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
06 / 08 / 2015

Transaction ID : SB23CCUV.8275

Amount of Each Disbursement this Period

65.22

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. COLUMBIA CONVENTION CENTER		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1101 LINCOLN ST		Transaction ID : SB23CCUV.8342
City COLUMBIA	State SC	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 350.00
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. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SB23CCUV.8169
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 656.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SB23CCUV.8183
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 174.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. CROWNE PLAZA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		Transaction ID : SB23CCUV.8210
City ATLANTA State GA Zip Code 30346-2149	Amount of Each Disbursement this Period 167.62	
Purpose of Disbursement TRAVEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CROWNE PLAZA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		Transaction ID : SB23CCUV.8211
City ATLANTA State GA Zip Code 30346-2149	Amount of Each Disbursement this Period 203.62	
Purpose of Disbursement TRAVEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CROWNE PLAZA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		Transaction ID : SB23CCUV.8212
City ATLANTA State GA Zip Code 30346-2149	Amount of Each Disbursement this Period 167.62	
Purpose of Disbursement TRAVEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DC VIP CAB		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2606 BLADENSBURG ROAD, NE,		Transaction ID : SB23CCUV.8103
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 22.35
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. DC VIP CAB		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2606 BLADENSBURG ROAD, NE,		Transaction ID : SB23CCUV.8112
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 33.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. DC VIP CAB		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2606 BLADENSBURG ROAD, NE,		Transaction ID : SB23CCUV.8126
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 19.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DEL FRISCO'S		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1221 AVE. OF THE AMERICAS		Transaction ID : SB23CCUV.8012
City NEW YORK	State NY	
Zip Code 10036	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 148.12
Candidate Name	Category/ Type	[MEMO ITEM]
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. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7785
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 486.10
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7786
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 821.10
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7796
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 821.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7800
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 1235.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7801
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 382.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7802
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 1020.60	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7808
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 907.60	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7809
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 674.10	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7810
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 9,999,999,999.99 490.10	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7811
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 9,999,999,999.99 876.70	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7812
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 9,999,999,999.99 9.99	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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:	Category/Type	

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7814
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 19.00
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. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7815
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 19.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7816
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7817
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 428.10	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7818
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 428.10	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7819
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 428.10	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7820
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 428.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7821
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 543.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7824
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 370.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7839
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 299.50
Candidate Name		[MEMO ITEM]
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. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7840
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 637.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7841
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 584.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7843
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 694.10
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. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7846
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 493.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7847
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 552.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7850
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 736.10	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7851
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 736.10	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7852
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 428.10	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7853
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 500.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7860
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 309.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7861
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 629.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
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Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7866
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 533.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7867
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 539.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7868
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 484.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
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Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7873
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 541.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7881
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 270.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7882
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 270.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7883
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 221.10
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. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7884
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 221.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7886
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 510.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7887
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 510.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7888
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 289.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7889
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 289.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7890
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 240.00
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. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7891
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 240.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7896
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 949.10
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: _____	

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7897
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 554.10	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7900
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 986.10	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7930
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period -821.10	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7931
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period -821.10	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	[MEMO ITEM]
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. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7959
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period -986.10	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23CCUV.7972
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)
A. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2015

Transaction ID : **SB23CCUV.8285**

Amount of Each Disbursement this Period: 5.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DNC TRAVEL HOSPITALITY

Mailing Address 8500 PENA BLVD

City DENVER State CO Zip Code 80249

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2015

Transaction ID : **SB23CCUV.8020**

Amount of Each Disbursement this Period: 14.26

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. E PRONTO

Mailing Address 5501 R C JOSH BIRMINGHAM PARKWAY

City CHARLOTTE State NC Zip Code 28208

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2015

Transaction ID : **SB23CCUV.8019**

Amount of Each Disbursement this Period: 4.96

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. E SALSARITA RESTAURANT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4601 CHARLOTTE PARK DRIVE		Transaction ID : SB23CCUV.7991
City CHARLOTTE State NC Zip Code 28217	Amount of Each Disbursement this Period 9.72	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. ELWAY'S		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2500 E 1ST AVE #101		Transaction ID : SB23CCUV.7997
City DENVER State CO Zip Code 80206	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. ELWAY'S		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2500 E 1ST AVE #101		Transaction ID : SB23CCUV.8003
City DENVER State CO Zip Code 80206	Amount of Each Disbursement this Period 660.68	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. EMBASSY SUITES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8153
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 302.40
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. EMBASSY SUITES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8154
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 265.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. EMBASSY SUITES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8155
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 560.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. EMBASSY SUITES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8156
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 538.64
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. EMBASSY SUITES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8157
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 302.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. EMBASSY SUITES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8160
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 196.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. EMBASSY SUITES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8161
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 215.00
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. EMBASSY SUITES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8162
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 196.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. EMBASSY SUITES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8167
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 297.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. EXPEDIA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 108TH AVENUE NE		Transaction ID : SB23CCUV.7960
City BELLEVUE	State WA	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -472.48
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. EXPEDIA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 108TH AVENUE NE		Transaction ID : SB23CCUV.8166
City BELLEVUE	State WA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 757.26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. EXPEDIA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 108TH AVENUE NE		Transaction ID : SB23CCUV.8193
City BELLEVUE	State WA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 472.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.7927
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 165.10	
Purpose of Disbursement PRINTING	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.7928
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 29.21	
Purpose of Disbursement PRINTING	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8246
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 27.25	
Purpose of Disbursement DELIVERY	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT

City State Zip Code
MEMPHIS TN 38116

Purpose of Disbursement
POSTAGE

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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.8263

Amount of Each Disbursement this Period

1	7	.	7	5
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT

City State Zip Code
MEMPHIS TN 38116

Purpose of Disbursement
POSTAGE

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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.8264

Amount of Each Disbursement this Period

1	4	.	4	9
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT

City State Zip Code
MEMPHIS TN 38116

Purpose of Disbursement
PRINTING

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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.8276

Amount of Each Disbursement this Period

8	.	0	0
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[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8278
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 5.34	
Purpose of Disbursement PRINTING	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8302
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 30.56	
Purpose of Disbursement DELIVERY	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8303
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 30.38	
Purpose of Disbursement DELIVERY	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8307
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 33.45	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8308
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 29.79	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8309
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 30.18	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8313
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 25.75	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8314
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 25.51	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8315
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 67.59	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT

City State Zip Code
MEMPHIS TN 38116

Purpose of Disbursement
DELIVERY

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
06 / 08 / 2015

Transaction ID : SB23CCUV.8316

Amount of Each Disbursement this Period

13.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT

City State Zip Code
MEMPHIS TN 38116

Purpose of Disbursement
DELIVERY

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
06 / 08 / 2015

Transaction ID : SB23CCUV.8317

Amount of Each Disbursement this Period

38.23

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT

City State Zip Code
MEMPHIS TN 38116

Purpose of Disbursement
DELIVERY

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
06 / 08 / 2015

Transaction ID : SB23CCUV.8318

Amount of Each Disbursement this Period

66.06

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8319
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 62.06	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8320
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 63.20	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8321
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 23.78	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8322
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 25.27	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
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. FEDEX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.8323
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 26.30	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FLEET LANDING		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 186 CONCORD ST		Transaction ID : SB23CCUV.8001
City CHARLESTON State SC Zip Code 29402	Amount of Each Disbursement this Period 16.30	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. FOOD LION		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2110 EXECUTIVE DRIVE		Transaction ID : SB23CCUV.8056
City SALISBURY	State NC	
Zip Code 28145-1330	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 4.39
Candidate Name	Category/Type	[MEMO ITEM]
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. GETAROOM.COM		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3010 LYNDON B JOHNSON FREEWAY		Transaction ID : SB23CCUV.8170
City DALLAS	State TX	
Zip Code 75234	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 369.16
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GETAROOM.COM		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3010 LYNDON B JOHNSON FREEWAY		Transaction ID : SB23CCUV.8222
City DALLAS	State TX	
Zip Code 75234	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 224.65
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. GETAROOM.COM		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3010 LYNDON B JOHNSON FREEWAY		Transaction ID : SB23CCUV.8226
City DALLAS State TX Zip Code 75234	Amount of Each Disbursement this Period 297.55	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. GO DADDY		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 14455 N. HAYDEN RD. #219		Transaction ID : SB23CCUV.7966
City SCOTTSDALE State AZ Zip Code 85260	Amount of Each Disbursement this Period 23.15	
Purpose of Disbursement WEB SERVICE	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8127
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 27.95	
Purpose of Disbursement WEB SERVICE	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8128
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 9.95	
Purpose of Disbursement WEB SERVICE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8129
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 4.50	
Purpose of Disbursement WEB SERVICE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8130
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 4.50	
Purpose of Disbursement WEB SERVICE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8131
City CHICAGO	State IL	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 16.00
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. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8133
City CHICAGO	State IL	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 4.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8134
City CHICAGO	State IL	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 9.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8135
City CHICAGO	State IL	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 5.00
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. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8136
City CHICAGO	State IL	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 7.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8137
City CHICAGO	State IL	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 9.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8138
City CHICAGO	State IL	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 9.95
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. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8139
City CHICAGO	State IL	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 9.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8140
City CHICAGO	State IL	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 16.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8141
City CHICAGO	State IL	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 20.95
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. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8143
City CHICAGO	State IL	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 59.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8144
City CHICAGO	State IL	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 29.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8145
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 8.95	
Purpose of Disbursement WEB SERVICE	Candidate Name	[MEMO ITEM]
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. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8146
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 9.95	
Purpose of Disbursement WEB SERVICE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8147
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 9.95	
Purpose of Disbursement WEB SERVICE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8148
City CHICAGO	State IL	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 9.95
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. GOGO INFLIGHT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : SB23CCUV.8149
City CHICAGO	State IL	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 59.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. HAMPTON INN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8165
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 237.62
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8174
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 288.96
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. HAMPTON INN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8175
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 288.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. HAMPTON INN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8220
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 227.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8221
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 252.75
Candidate Name	Category/ Type	[MEMO ITEM]
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. HARDEES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4801 JEFFERSON DAVIS HWY		Transaction ID : SB23CCUV.8000
City NORTH CHESTERFIELD	State VA	
Zip Code 24201	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 8.70
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8038
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 3.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8039
City MCLEAN	State VA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 0.00
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. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8040
City MCLEAN	State VA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 16.59
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8187
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 142.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8188
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 130.90
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. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8204
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 312.52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8205
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 281.63
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8206
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 312.74
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. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8214
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 204.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8215
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 204.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8216
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 204.06
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. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8217
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 261.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8218
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 204.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8219
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 216.00
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. HILTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SB23CCUV.8225
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 283.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		Transaction ID : SB23CCUV.8227
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 546.52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. HOTEL BOOKING		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 13920 SE EASTGATE WAY		Transaction ID : SB23CCUV.7941
City BELLEVUE	State WA	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -379.34
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. HOTEL BOOKING		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 13920 SE EASTGATE WAY		Transaction ID : SB23CCUV.7942
City BELLEVUE	State WA	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -357.39
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. HOTEL BOOKING		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 13920 SE EASTGATE WAY		Transaction ID : SB23CCUV.7943
City BELLEVUE	State WA	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -368.37
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: _____	

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. HOTELBUSINESSCENTER.COM		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 315 SW 11TH AVE, THIRD FLOOR		Transaction ID : SB23CCUV.8271
City PORTLAND	State OR	
Purpose of Disbursement PRINTING	Candidate Name	Amount of Each Disbursement this Period 7.75
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. HOTELBUSINESSCENTER.COM		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 315 SW 11TH AVE, THIRD FLOOR		Transaction ID : SB23CCUV.8272
City PORTLAND	State OR	
Purpose of Disbursement PRINTING	Candidate Name	Amount of Each Disbursement this Period 5.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. HOTELBUSINESSCENTER.COM		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 315 SW 11TH AVE, THIRD FLOOR		Transaction ID : SB23CCUV.8273
City PORTLAND	State OR	
Purpose of Disbursement PRINTING	Candidate Name	Amount of Each Disbursement this Period 13.75
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: _____	

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. HOTELBUSINESSCENTER.COM		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 315 SW 11TH AVE, THIRD FLOOR		Transaction ID : SB23CCUV.8274
City PORTLAND	State OR	
Purpose of Disbursement PRINTING	Candidate Name	Amount of Each Disbursement this Period 0.00 9.38 19.38
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. HOTELBUSINESSCENTER.COM		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 315 SW 11TH AVE, THIRD FLOOR		Transaction ID : SB23CCUV.8277
City PORTLAND	State OR	
Purpose of Disbursement PRINTING	Candidate Name	Amount of Each Disbursement this Period 0.00 9.38 19.38 41.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. HY VEE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 5820 WESTOWN PARKWAY		Transaction ID : SB23CCUV.8017
City WEST DES MOINES	State IA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 0.00 9.38 19.38 52.14
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: _____	

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. HYATT HOTELS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 71 S WACKER DRIVE		Transaction ID : SB23CCUV.8041
City CHICAGO	State IL	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 56.33
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. HYATT HOTELS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 71 S WACKER DRIVE		Transaction ID : SB23CCUV.8213
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 266.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. IDONATEPRO		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 144 W D ST		Transaction ID : SB23CCUV.7961
City ENCINITAS	State CA	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 1000.00
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:		

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. iDONATEPRO		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 144 W D ST		Transaction ID : SB23CCUV.7962
City ENCINITAS	State CA	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 31.25
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. iDONATEPRO		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 144 W D ST		Transaction ID : SB23CCUV.7963
City ENCINITAS	State CA	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 125.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. IOWA TAP ROOM		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 5800 FLEUR DRIVE		Transaction ID : SB23CCUV.8010
City DES MOINES	State IA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 26.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. JETHROS JAMBALAYA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 9350 UNIVERSITY AVE		Transaction ID : SB23CCUV.7980
City WEST DES MOINES	State IA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 66.29
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. JIM N NICKS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 288 KING STREET		Transaction ID : SB23CCUV.7999
City CHARLESTON	State SC	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 459.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. JIMMY JOHN'S		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2212 FOX DRIVE		Transaction ID : SB23CCUV.7979
City CHAMPAIGN	State IL	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 87.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. JIMMY JOHN'S		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2212 FOX DRIVE		Transaction ID : SB23CCUV.8047
City CHAMPAIGN	State IL	
Purpose of Disbursement FOOD/BEVERAGE	Zip Code 61820	Amount of Each Disbursement this Period 98.89
Candidate Name		[MEMO ITEM]
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. JOHNNY'S ITALIAN STEAKHOUSE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 6075 MILLS CIVIC PKWY		Transaction ID : SB23CCUV.8005
City WEST DES MOINES	State IA	
Purpose of Disbursement FOOD/BEVERAGE	Zip Code 50265	Amount of Each Disbursement this Period 591.02
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. KELLY'S IRISH TIMES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 14 F St NW		Transaction ID : SB23CCUV.8032
City WASHINGTON	State DC	
Purpose of Disbursement FOOD/BEVERAGE	Zip Code 20001	Amount of Each Disbursement this Period 6.02
Candidate Name		[MEMO ITEM]
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:	

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. LEGAL SEA FOODS

Mailing Address **ONE SEAFOOD WAY**

City **BOSTON** State **MA** Zip Code **02210**

Purpose of Disbursement
FOOD/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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.7996

Amount of Each Disbursement this Period

2	4	.	3	5
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. LIBERTY TAPROOM

Mailing Address **1602 MARINA ROAD**

City **IRMO** State **SC** Zip Code **29063**

Purpose of Disbursement
FOOD/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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.7977

Amount of Each Disbursement this Period

4	4	.	2	9
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LOEWS

Mailing Address **154 BERKELEY ST**

City **BOSTON** State **MA** Zip Code **02116**

Purpose of Disbursement
TRAVEL

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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.8180

Amount of Each Disbursement this Period

4	5	.	1	.	3	0
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[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

0	0	.	0	0
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Total This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. LOEWS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 154 BERKELEY ST		Transaction ID : SB23CCUV.8181
City BOSTON State MA Zip Code 02116	Amount of Each Disbursement this Period 406.30	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. LOEWS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 154 BERKELEY ST		Transaction ID : SB23CCUV.8182
City BOSTON State MA Zip Code 02116	Amount of Each Disbursement this Period 468.36	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. LONGHORN STEAKHOUSE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1000 DARDEN DRIVE CENTER		Transaction ID : SB23CCUV.7984
City ORLANDO State FL Zip Code 32837	Amount of Each Disbursement this Period 81.10	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	[MEMO ITEM]
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:	Category/Type	

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(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8061
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 35.33
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. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8067
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 11.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8068
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 19.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8069
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 11.05
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. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8070
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 11.37
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		
Full Name (Last, First, Middle Initial) C. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8071
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 11.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8075
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 21.19
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. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8076
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 11.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		
Full Name (Last, First, Middle Initial) C. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8078
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 11.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8079
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 12.19
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. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8080
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 11.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8081
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 5.00
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: _____	

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8083
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 0.00
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. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8087
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 15.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8088
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 5.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8095
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 12.11
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. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8099
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 23.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8100
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 27.51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8101
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 8.50
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. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8109
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 18.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8110
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 11.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
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Full Name (Last, First, Middle Initial) A. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8113
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 12.43
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. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8114
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 15.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		
Full Name (Last, First, Middle Initial) C. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8115
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 11.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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Full Name (Last, First, Middle Initial) A. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8116
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 10.91
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. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8117
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 12.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8122
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 10.62
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: _____	

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NAME OF COMMITTEE (In Full)
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Full Name (Last, First, Middle Initial) A. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8123
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 5.00
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. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8124
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 17.18
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. LYFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 548 MARKET STREET		Transaction ID : SB23CCUV.8125
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 32.12
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: _____	

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NAME OF COMMITTEE (In Full)
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Full Name (Last, First, Middle Initial) A. MAGNOLIA'S		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 185 E BAY ST		Transaction ID : SB23CCUV.7998
City CHARLESTON	State SC	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 82.51
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. MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SB23CCUV.8176
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 93.66
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SB23CCUV.8177
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 364.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SB23CCUV.8178
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 330.41
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. MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SB23CCUV.8179
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 311.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SB23CCUV.8194
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 311.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SB23CCUV.8195
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 311.04
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. MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SB23CCUV.8196
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 311.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SB23CCUV.8197
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 311.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. MCDONALD'S		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2111 MCDONALD'S DRIVE		Transaction ID : SB23CCUV.7982
City OAK BROOK	State IL	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 5.97
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. MCDONALD'S		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2111 MCDONALD'S DRIVE		Transaction ID : SB23CCUV.7985
City OAK BROOK	State IL	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 5.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. MCDONALD'S		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2111 MCDONALD'S DRIVE		Transaction ID : SB23CCUV.7986
City OAK BROOK	State IL	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 20.85
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: _____	

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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Full Name (Last, First, Middle Initial) A. MINUTE KEY		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4760 WALNUT ST #105		Transaction ID : SB23CCUV.7964
City BOULDER State CO Zip Code 80301	Amount of Each Disbursement this Period 2.14	
Purpose of Disbursement WEB SERVICE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. MONDO'S		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 516 2ND ST		Transaction ID : SB23CCUV.8008
City CORALVILLE State IA Zip Code 52241	Amount of Each Disbursement this Period 250.74	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONAL CAR RENTAL		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 600 CORPORATE PARK DRIVE		Transaction ID : SB23CCUV.7924
City ST. LOUIS State MO Zip Code 63105	Amount of Each Disbursement this Period 298.52	
Purpose of Disbursement TRAVEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. NATIONAL CAR RENTAL		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 600 CORPORATE PARK DRIVE		Transaction ID : SB23CCUV.8094
City ST. LOUIS	State MO	
Zip Code 63105	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 174.13
Candidate Name	Category/ Type	[MEMO ITEM]
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. NEW YORK TAXI		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 33 BEAVER STREET		Transaction ID : SB23CCUV.8084
City NEW YORK	State NY	
Zip Code 10004	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 42.99
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. NEW YORK TAXI		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 33 BEAVER STREET		Transaction ID : SB23CCUV.8096
City NEW YORK	State NY	
Zip Code 10004	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 106.31
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. NEW YORK TAXI		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 33 BEAVER STREET		Transaction ID : SB23CCUV.8097
City NEW YORK	State NY	
Zip Code 10004	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 12.96
Candidate Name	Category/ Type	[MEMO ITEM]
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. NEW YORK TAXI		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 33 BEAVER STREET		Transaction ID : SB23CCUV.8107
City NEW YORK	State NY	
Zip Code 10004	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 61.40
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. NO 9 PARK		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 9 PARK STREET		Transaction ID : SB23CCUV.8011
City BOSTON	State MA	
Zip Code 02108	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 306.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. NOAH'S ARK RISTORANTE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2400 INGERSOLL AVE		Transaction ID : SB23CCUV.8006
City DES MOINES	State IA	
Zip Code 50312	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 561.02
Candidate Name	Category/ Type	[MEMO ITEM]
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. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 421 BUSH RIVER ROAD		Transaction ID : SB23CCUV.8230
City COLUMBIA	State SC	
Zip Code 29210	Purpose of Disbursement OFFICE SUPPLIES	Amount of Each Disbursement this Period 184.15
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 421 BUSH RIVER ROAD		Transaction ID : SB23CCUV.8231
City COLUMBIA	State SC	
Zip Code 29210	Purpose of Disbursement OFFICE SUPPLIES	Amount of Each Disbursement this Period 3.55
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 421 BUSH RIVER ROAD		Transaction ID : SB23CCUV.8233
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 69.12	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 421 BUSH RIVER ROAD		Transaction ID : SB23CCUV.8234
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 108.97	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 421 BUSH RIVER ROAD		Transaction ID : SB23CCUV.8237
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 26.98	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 421 BUSH RIVER ROAD		Transaction ID : SB23CCUV.8238
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 32.39	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM]
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. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 421 BUSH RIVER ROAD		Transaction ID : SB23CCUV.8239
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 14.03	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 421 BUSH RIVER ROAD		Transaction ID : SB23CCUV.8240
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 23.98	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. OFFICE DEPOT

Mailing Address 421 BUSH RIVER ROAD

City COLUMBIA State SC Zip Code 29210

Purpose of Disbursement
OFFICE SUPPLIES

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
06		08		2015

Transaction ID : SB23CCUV.8242

Amount of Each Disbursement this Period

21.59

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. OFFICE DEPOT

Mailing Address 421 BUSH RIVER ROAD

City COLUMBIA State SC Zip Code 29210

Purpose of Disbursement
OFFICE SUPPLIES

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
06		08		2015

Transaction ID : SB23CCUV.8243

Amount of Each Disbursement this Period

7.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OMNI NASHVILLE

Mailing Address 250 5TH AVE S

City NASHVILLE State TN Zip Code 37203

Purpose of Disbursement
TRAVEL

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
06		08		2015

Transaction ID : SB23CCUV.8184

Amount of Each Disbursement this Period

459.67

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. OMNI NASHVILLE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 250 5TH AVE S		Transaction ID : SB23CCUV.8185
City NASHVILLE	State TN Zip Code 37203	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 436.77
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. OMNI NASHVILLE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 250 5TH AVE S		Transaction ID : SB23CCUV.8186
City NASHVILLE	State TN Zip Code 37203	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 1755.80
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. PALM RESTAURANT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 6705 PHILLIPS PLACE COURT		Transaction ID : SB23CCUV.8023
City CHARLOTTE	State NC Zip Code 28210	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	Amount of Each Disbursement this Period 1000.00
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. PALMETTO PIG		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 530 DEVINE STREET		Transaction ID : SB23CCUV.8028
City COLUMBIA	State SC	
Zip Code 29201	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 35.85
Candidate Name	Category/Type	[MEMO ITEM]
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. PAYPAL		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2211 NORTH FIRST STREET		Transaction ID : SB23CCUV.7965
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement WEB SERVICE	Amount of Each Disbursement this Period 91.32
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. PAYPAL		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2211 NORTH FIRST STREET		Transaction ID : SB23CCUV.7971
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement REGISTRATION FEE	Amount of Each Disbursement this Period 78.56
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. PERKINS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 6075 POPLAR AVE #800		Transaction ID : SB23CCUV.7992
City MEMPHIS State TN Zip Code 38119	Amount of Each Disbursement this Period 34.01	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. PERKINS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 6075 POPLAR AVE #800		Transaction ID : SB23CCUV.7993
City MEMPHIS State TN Zip Code 38119	Amount of Each Disbursement this Period 22.51	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. PILOT CONVENIENCE STORES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 5508 LONAS DRIVE		Transaction ID : SB23CCUV.8015
City KNOXVILLE State TN Zip Code 37909	Amount of Each Disbursement this Period 8.04	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. PILOT CONVENIENCE STORES

Mailing Address 5508 LONAS DRIVE

City KNOXVILLE State TN Zip Code 37909

Purpose of Disbursement
FOOD/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
06 / 08 / 2015

Transaction ID : SB23CCUV.8016

Amount of Each Disbursement this Period

3.59

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PINES OF FLORENCE

Mailing Address 1300 KING ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FOOD/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
06 / 08 / 2015

Transaction ID : SB23CCUV.8049

Amount of Each Disbursement this Period

33.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PITAHOUSE

Mailing Address 719 KING ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FOOD/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
06 / 08 / 2015

Transaction ID : SB23CCUV.8031

Amount of Each Disbursement this Period

8.25

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. PIZZA RANCH		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 204 ALBANY PLACE		Transaction ID : SB23CCUV.8009
City ORANGE CITY	State IA	
Zip Code 51041	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 31.20
Candidate Name	Category/ Type	[MEMO ITEM]
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. PUBLIX		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3300 PUBLIX CORPORATE PARKWAY		Transaction ID : SB23CCUV.7988
City LAKELAND	State FL	
Zip Code 33811	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 8.61
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. QDOBA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4865 WARD ROAD, SUITE 500		Transaction ID : SB23CCUV.8024
City WHEAT RIDGE	State CO	
Zip Code 80033-1902	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 11.15
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. QUIZNOS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1001 17TH ST #400		Transaction ID : SB23CCUV.8034
City DENVER	State CO	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 0.00
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. RADISSON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 11340 BLONDO ST		Transaction ID : SB23CCUV.8168
City OMAHA	State NE	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 140.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. RED TOP CAB OF ARLINGTON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1455 MARKET STREET		Transaction ID : SB23CCUV.8118
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 21.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. REPUBLIC WIRELESS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 900 MAIN CAMPUS		Transaction ID : SB23CCUV.8324
City RALEIGH	State NC	
Purpose of Disbursement TELEPHONE SERVICE	Candidate Name	Amount of Each Disbursement this Period 58.90
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. REPUBLIC WIRELESS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 900 MAIN CAMPUS		Transaction ID : SB23CCUV.8325
City RALEIGH	State NC	
Purpose of Disbursement TELEPHONE SERVICE	Candidate Name	Amount of Each Disbursement this Period 58.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. REPUBLIC WIRELESS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 900 MAIN CAMPUS		Transaction ID : SB23CCUV.8326
City RALEIGH	State NC	
Purpose of Disbursement TELEPHONE SERVICE	Candidate Name	Amount of Each Disbursement this Period 58.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. REPUBLIC WIRELESS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 900 MAIN CAMPUS		Transaction ID : SB23CCUV.8327
City RALEIGH	State NC	
Purpose of Disbursement TELEPHONE SERVICE	Candidate Name	Amount of Each Disbursement this Period 59.06
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. REPUBLIC WIRELESS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 900 MAIN CAMPUS		Transaction ID : SB23CCUV.8328
City RALEIGH	State NC	
Purpose of Disbursement TELEPHONE SERVICE	Candidate Name	Amount of Each Disbursement this Period 59.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. REPUBLIC WIRELESS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 900 MAIN CAMPUS		Transaction ID : SB23CCUV.8343
City RALEIGH	State NC	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 383.82
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: _____	

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. ROCKY TOP TOURS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2828 PARKWAY #20		Transaction ID : SB23CCUV.7925
City PIGEON FORGE	State TN	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 75.00
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. RPS COLUMBIA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3250 AIRPORT BOULEVARD		Transaction ID : SB23CCUV.8247
City WEST COLUMBIA	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 35.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. RPS COLUMBIA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3250 AIRPORT BOULEVARD		Transaction ID : SB23CCUV.8248
City WEST COLUMBIA	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 40.00
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: _____	

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. RPS COLUMBIA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3250 AIRPORT BOULEVARD		Transaction ID : SB23CCUV.8249
City WEST COLUMBIA	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 24.00
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. RPS COLUMBIA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3250 AIRPORT BOULEVARD		Transaction ID : SB23CCUV.8251
City WEST COLUMBIA	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 16.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. RPS COLUMBIA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3250 AIRPORT BOULEVARD		Transaction ID : SB23CCUV.8252
City WEST COLUMBIA	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 24.00
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:	

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. RPS COLUMBIA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3250 AIRPORT BOULEVARD		Transaction ID : SB23CCUV.8253
City WEST COLUMBIA	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 16.00
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. RPS COLUMBIA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3250 AIRPORT BOULEVARD		Transaction ID : SB23CCUV.8254
City WEST COLUMBIA	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 37.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. RPS COLUMBIA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3250 AIRPORT BOULEVARD		Transaction ID : SB23CCUV.8255
City WEST COLUMBIA	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 16.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. RPS COLUMBIA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3250 AIRPORT BOULEVARD		Transaction ID : SB23CCUV.8256
City WEST COLUMBIA	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 16.00
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. RUBY TUESDAY		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 150 W CHURCH AVENUE		Transaction ID : SB23CCUV.7990
City MARYVILLE	State TN	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 42.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. SAM'S CLUB		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address SE 25TH ST		Transaction ID : SB23CCUV.7989
City BENTONVILLE	State AR	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 24.77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SAM'S CLUB		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address SE 25TH ST		Transaction ID : SB23CCUV.8043
City BENTONVILLE	State AR	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 1.92
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. SAM'S CLUB		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address SE 25TH ST		Transaction ID : SB23CCUV.8057
City BENTONVILLE	State AR	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 50.46
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. SEDO		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 161 FIRST STREET		Transaction ID : SB23CCUV.7967
City CAMBRIDGE	State MA	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 399.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SEDO		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 161 FIRST STREET		Transaction ID : SB23CCUV.7968
City CAMBRIDGE	State MA	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 399.00
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. SHERATON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address ONE STARPOINT		Transaction ID : SB23CCUV.8044
City STAMFORD	State CT	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. SHERATON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address ONE STARPOINT		Transaction ID : SB23CCUV.8200
City STAMFORD	State CT	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 271.41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SHERATON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address ONE STARPOINT		Transaction ID : SB23CCUV.8201
City STAMFORD	State CT	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 271.41
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. SHERATON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address ONE STARPOINT		Transaction ID : SB23CCUV.8202
City STAMFORD	State CT	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 271.41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. SHERATON		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address ONE STARPOINT		Transaction ID : SB23CCUV.8224
City STAMFORD	State CT	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 37.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SOBYS ON THE SIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 22 E COURT ST		Transaction ID : SB23CCUV.8021
City GREENVILLE State SC Zip Code 29601	Amount of Each Disbursement this Period 340.50	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7836
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 234.10	
Purpose of Disbursement TRAVEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7837
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 234.10	
Purpose of Disbursement TRAVEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7838
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 234.10	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7842
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 256.00	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7845
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 77.00	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)
A. SOUTHWEST AIRLINES

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2015

Transaction ID : **SB23CCUV.7856**

Amount of Each Disbursement this Period: 499.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. SOUTHWEST AIRLINES

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2015

Transaction ID : **SB23CCUV.7857**

Amount of Each Disbursement this Period: 499.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. SOUTHWEST AIRLINES

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2015

Transaction ID : **SB23CCUV.7858**

Amount of Each Disbursement this Period: 499.60

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7864
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7865
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 510.00	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7892
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 222.01	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7893
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 222.01	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7911
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 251.00	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7912
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 251.00	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7913
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 251.00	
Purpose of Disbursement TRAVEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7915
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 512.00	
Purpose of Disbursement TRAVEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7935
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period -499.60	
Purpose of Disbursement CREDIT- TRAVEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7936
City DALLAS	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -499.60
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. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7937
City DALLAS	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -499.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7955
City DALLAS	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -251.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7956
City DALLAS	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -251.00
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. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7957
City DALLAS	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -251.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.7958
City DALLAS	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -512.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.8288
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 12.50	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.8299
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 12.50	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.8300
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 12.50	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : SB23CCUV.8301
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 12.50	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
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. STARBUCKS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23CCUV.8029
City SEATTLE State WA Zip Code 98134	Amount of Each Disbursement this Period 8.42	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SUBWAY		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7601 LEWINSVILLE Rd #310,		Transaction ID : SB23CCUV.7983
City MCLEAN State VA Zip Code 02210	Amount of Each Disbursement this Period 9.24	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SUBWAY		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 7601 LEWINSVILLE Rd #310,		Transaction ID : SB23CCUV.7994
City MCLEAN	State VA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 14.85
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. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.7923
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 107.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8059
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 863.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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for each category of the
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8060
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 646.80
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. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8062
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 138.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8063
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 161.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8064
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 483.00
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. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8065
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 638.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8066
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1171.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8082
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 88.00
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. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8091
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 477.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8092
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 873.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8093
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 445.00
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. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8104
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 231.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8105
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 213.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8108
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1300.00
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. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8111
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 374.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8120
City STERLING	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1597.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SUNNY'S WORLDWIDE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23CCUV.8121
City STERLING	State VA	
Zip Code 20166	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 268.00
Candidate Name	Category/ Type	[MEMO ITEM]
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. T & M PROTECTION RESOURCES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 230 PARK AVENUE, SUITE 440		Transaction ID : SB23CCUV.8279
City NEW YORK	State NY	
Zip Code 10169	Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT	Amount of Each Disbursement this Period 568.65
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. T & M PROTECTION RESOURCES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 230 PARK AVENUE, SUITE 440		Transaction ID : SB23CCUV.8284
City NEW YORK	State NY	
Zip Code 10169	Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT	Amount of Each Disbursement this Period 510.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. TCBY

Mailing Address 402 FIELDWOOD DRIVE

City RICHARDSON State TX Zip Code 75081

Purpose of Disbursement
FOOD/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
06		08		2015

Transaction ID : SB23CCUV.8002

Amount of Each Disbursement this Period

6.47

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. THE CAPITAL HOTEL

Mailing Address 111 W. MARKHAM ST

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement
TRAVEL

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
06		08		2015

Transaction ID : SB23CCUV.8150

Amount of Each Disbursement this Period

314.74

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THE CAPITAL HOTEL

Mailing Address 111 W. MARKHAM ST

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement
TRAVEL

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
06		08		2015

Transaction ID : SB23CCUV.8151

Amount of Each Disbursement this Period

242.96

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. THE CAPITAL HOTEL		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 W. MARKHAM ST		Transaction ID : SB23CCUV.8152
City LITTLE ROCK	State AR	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 343.42
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. THE CAPITAL HOTEL		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 W. MARKHAM ST		Transaction ID : SB23CCUV.8158
City LITTLE ROCK	State AR	
Purpose of Disbursement EVENT CATERING	Candidate Name	Amount of Each Disbursement this Period 724.46
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. THE MADREN CENTER		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 240 MADREN CENTER DR		Transaction ID : SB23CCUV.8042
City CLEMSON	State SC	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 294.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. THE OAK TABLE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1221 MAIN ST		Transaction ID : SB23CCUV.7978
City COLUMBIA	State SC	
Zip Code 29201	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 92.88
Candidate Name	Category/ Type	[MEMO ITEM]
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. TORTILLA COAST		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 400 FIRST ST SE		Transaction ID : SB23CCUV.8004
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 12.18
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. TORTILLA COAST		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 400 FIRST ST SE		Transaction ID : SB23CCUV.8033
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 10.98
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. TORTILLA COAST		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 400 FIRST ST SE		Transaction ID : SB23CCUV.8045
City WASHINGTON	State DC	
Purpose of Disbursement FOOD/BEVERAGE	Zip Code 20003	Amount of Each Disbursement this Period 10.98
Candidate Name	Category/ Type	[MEMO ITEM]
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. TORTILLA COAST		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 400 FIRST ST SE		Transaction ID : SB23CCUV.8050
City WASHINGTON	State DC	
Purpose of Disbursement FOOD/BEVERAGE	Zip Code 20003	Amount of Each Disbursement this Period 10.98
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. TRATTORIA TRECOLORI		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 254 W 47th St		Transaction ID : SB23CCUV.8027
City NEW YORK	State NY	
Purpose of Disbursement FOOD/BEVERAGE	Zip Code 10036	Amount of Each Disbursement this Period 115.79
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. TRAVEL INSURANCE POLICY

Mailing Address 9950 MARYLAND DRIVE

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
TRAVEL

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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.8329

Amount of Each Disbursement this Period

3	0	.	0	6
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TRAVEL INSURANCE POLICY

Mailing Address 9950 MARYLAND DRIVE

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
TRAVEL

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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.8330

Amount of Each Disbursement this Period

5	1	.	3	8
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TRAVEL INSURANCE POLICY

Mailing Address 9950 MARYLAND DRIVE

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
TRAVEL

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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.8331

Amount of Each Disbursement this Period

3	0	.	0	6
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[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. TRAVEL INSURANCE POLICY

Mailing Address 9950 MARYLAND DRIVE

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
TRAVEL

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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.8332

Amount of Each Disbursement this Period

2	6	.	1	1
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TRAVEL INSURANCE POLICY

Mailing Address 9950 MARYLAND DRIVE

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
TRAVEL

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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.8333

Amount of Each Disbursement this Period

2	2	.	6	6
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TRAVEL INSURANCE POLICY

Mailing Address 9950 MARYLAND DRIVE

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
TRAVEL

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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.8334

Amount of Each Disbursement this Period

2	2	.	6	6
---	---	---	---	---

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. TRAVEL INSURANCE POLICY

Mailing Address 9950 MARYLAND DRIVE

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
TRAVEL

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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.8335

Amount of Each Disbursement this Period

4	8	.	8	1
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TRAVEL INSURANCE POLICY

Mailing Address 9950 MARYLAND DRIVE

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
TRAVEL

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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.8336

Amount of Each Disbursement this Period

1	7	.	0	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TRAVEL INSURANCE POLICY

Mailing Address 9950 MARYLAND DRIVE

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
TRAVEL

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
0	6		0	8		2	0	1	5

Transaction ID : SB23CCUV.8337

Amount of Each Disbursement this Period

8	.	5	0
---	---	---	---

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 818 / 893

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. TRAVEL INSURANCE POLICY

Mailing Address 9950 MARYLAND DRIVE

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
TRAVEL

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
06		08		2015

Transaction ID : SB23CCUV.8338

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TRAVEL INSURANCE POLICY

Mailing Address 9950 MARYLAND DRIVE

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
TRAVEL

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
06		08		2015

Transaction ID : SB23CCUV.8339

Amount of Each Disbursement this Period

38.11

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TRAVELOCITY

Mailing Address 3150 SABRE DRIVE

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement
TRAVEL

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
06		08		2015

Transaction ID : SB23CCUV.8340

Amount of Each Disbursement this Period

39.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. TRAVELOCITY

Mailing Address 3150 SABRE DRIVE

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB23CCUV.8341

Amount of Each Disbursement this Period

36.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TRAVRES HOTEL ROOM

Mailing Address 99 WEST PLANT ST

City WINTER GARDEN State FL Zip Code 34787

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB23CCUV.8172

Amount of Each Disbursement this Period

736.73

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TRAVRES HOTEL ROOM

Mailing Address 99 WEST PLANT ST

City WINTER GARDEN State FL Zip Code 34787

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB23CCUV.8173

Amount of Each Disbursement this Period

368.37

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. TURGIS LATIN KING		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2200 HUBBELL AVE		Transaction ID : SB23CCUV.7981
City DES MOINES	State IA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 32.24
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. UBER		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1455 MARKET STREET		Transaction ID : SB23CCUV.8072
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 23.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1455 MARKET STREET		Transaction ID : SB23CCUV.8074
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 4.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1455 MARKET STREET		Transaction ID : SB23CCUV.8077
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 63.50
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. UBER		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1455 MARKET STREET		Transaction ID : SB23CCUV.8098
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 19.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1455 MARKET STREET		Transaction ID : SB23CCUV.8119
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 16.42
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. UNION TAXI		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4705 KINGSTON ST		Transaction ID : SB23CCUV.8089
City DENVER	State CO	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 10.05
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. UNION TAXI		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4705 KINGSTON ST		Transaction ID : SB23CCUV.8090
City DENVER	State CO	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 62.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UNION TAXI		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4705 KINGSTON ST		Transaction ID : SB23CCUV.8106
City DENVER	State CO	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 8.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7791
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 721.10
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7792
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 521.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7793
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 29.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7794
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 24.00
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7795
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 564.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7830
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 85.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

A. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB23CCUV.7831

Amount of Each Disbursement this Period: 593.10

[MEMO ITEM]

B. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB23CCUV.7832

Amount of Each Disbursement this Period: 75.00

[MEMO ITEM]

C. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB23CCUV.7833

Amount of Each Disbursement this Period: 303.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7834
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 747.10
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7835
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 747.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7844
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 551.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7859
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 462.00
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7895
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1682.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7898
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 854.10
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: _____	

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Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7903
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 618.10
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7907
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 45.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7908
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 394.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7909
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 394.10
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7910
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 454.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7933
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -521.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7939
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -462.00
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7940
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -462.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7944
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -618.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7948
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -394.10
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7949
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -454.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7950
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -394.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.7953
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -45.00
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.8286
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 50.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.8294
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 45.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23CCUV.8295
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 45.00
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. UNITED STATES FLAG		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1000 WESTINGHOUSE DRIVE		Transaction ID : SB23CCUV.8241
City NEW STANTON	State PA	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 221.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7787
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7788
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7789
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7790
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7797
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 521.10
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7798
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 521.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7813
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 441.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7822
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 401.10
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7823
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 168.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7825
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 512.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7826
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 480.20
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7827
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 383.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7848
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7849
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 803.60
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7854
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 376.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7855
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 543.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7862
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 272.60
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7863
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 400.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7870
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 671.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7871
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 210.10
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7872
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 210.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7874
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 498.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7875
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 661.10
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7876
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 61.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7877
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 510.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7878
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 601.10
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7879
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 430.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7880
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 976.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7885
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 762.10
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7899
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 383.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7901
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 253.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7902
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 562.10
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7906
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 601.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7914
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1105.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7920
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 531.60
Candidate Name	Category/ Type	[MEMO ITEM]
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7932
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement CREDIT- TRAVEL	Amount of Each Disbursement this Period -521.10
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7934
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement CREDIT- TRAVEL	Amount of Each Disbursement this Period -401.10
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7938
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -543.60
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7951
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -61.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7952
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -601.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.7954
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -1105.10
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.8199
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 89.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.8287
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.8289
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 18.00
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.8290
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 18.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.8291
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 18.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.8292
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 15.00
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.8293
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.8296
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 22.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.8297
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 15.00
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. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : SB23CCUV.8298
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 61.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23CCUV.8257
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 62.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23CCUV.8258
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 50.47
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. USPS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23CCUV.8259
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 245.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23CCUV.8260
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 245.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23CCUV.8261
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 5.95
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. USPS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23CCUV.8262
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 490.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23CCUV.8265
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 251.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23CCUV.8266
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 10.20
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. USPS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23CCUV.8267
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 147.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23CCUV.8268
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 5.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23CCUV.8269
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 4.28
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. USPS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23CCUV.8270
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 12.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. VENETIAN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3355 S LAS VEGAS BLVD		Transaction ID : SB23CCUV.8036
City LAS VEGAS	State NV	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 28.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. VENETIAN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3355 S LAS VEGAS BLVD		Transaction ID : SB23CCUV.8037
City LAS VEGAS	State NV	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 28.00
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. VENETIAN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3355 S LAS VEGAS BLVD		Transaction ID : SB23CCUV.8189
City LAS VEGAS	State NV	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 256.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. VENETIAN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3355 S LAS VEGAS BLVD		Transaction ID : SB23CCUV.8190
City LAS VEGAS	State NV	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 256.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. VENETIAN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3355 S LAS VEGAS BLVD		Transaction ID : SB23CCUV.8191
City LAS VEGAS	State NV	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 256.48
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. VENETIAN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3355 S LAS VEGAS BLVD		Transaction ID : SB23CCUV.8192
City LAS VEGAS	State NV	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 256.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. VENETIAN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 3355 S LAS VEGAS BLVD		Transaction ID : SB23CCUV.8203
City LAS VEGAS	State NV	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 341.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. WAL-MART		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address SE 25TH ST		Transaction ID : SB23CCUV.8232
City BENTONVILLE	State AR	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 16.00
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. WAL-MART		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address SE 25TH ST		Transaction ID : SB23CCUV.8236
City BENTONVILLE	State AR	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 23.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. WAL-MART		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address SE 25TH ST		Transaction ID : SB23CCUV.8244
City BENTONVILLE	State AR	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 43.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. WAL-MART		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address SE 25TH ST		Transaction ID : SB23CCUV.8245
City BENTONVILLE	State AR	
Zip Code 72712	Purpose of Disbursement OFFICE SUPPLIES	Amount of Each Disbursement this Period 5.29
Candidate Name	Category/ Type	[MEMO ITEM]
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. WASHINGTON TAXI		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1636 BLADENSBURG RD		Transaction ID : SB23CCUV.8102
City GAITHERSBURG	State MD	
Zip Code 20722	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 27.22
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. WHOIS.COM		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 14455 N. HAYDEN RD., SUITE. 226		Transaction ID : SB23CCUV.7969
City SCOTTSDALE	State AZ	
Zip Code 85260-6947	Purpose of Disbursement WEB SERVICE	Amount of Each Disbursement this Period 9.88
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. WHOIS.COM		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 14455 N. HAYDEN RD., SUITE. 226		Transaction ID : SB23CCUV.7970
City SCOTTSDALE	State AZ	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 5.00
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. ZAXBY'S		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1040 FOUNDERS BLVD		Transaction ID : SB23CCUV.8048
City ATHENS	State GA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 19.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. EAGAN NEW MEDIA		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 1717 I STREET		Transaction ID : SB23.1256
City SACRAMENTO	State CA	
Purpose of Disbursement DIGITAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 1500.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. EAGAN NEW MEDIA		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 1717 I STREET		Transaction ID : SB23.1257
City SACRAMENTO	State CA	
Purpose of Disbursement DIGITAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 12000.00
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. EAGAN NEW MEDIA		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 1717 I STREET		Transaction ID : SB23.1461
City SACRAMENTO	State CA	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 24500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. EAST MERIDIAN STRATEGIES		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address 219 EAST TAYLOR RUN PKWY		Transaction ID : SB23.1374
City ALEXANDRIA	State VA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 10446.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 46946.45

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. EVENT STRATEGIES

Mailing Address 4416 WHEELER AVE.

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
CONTRACT LABOR- EVENT MANAGEMENT

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
0	5		2	8		2	0	1	5

Transaction ID : SB23.1240

Amount of Each Disbursement this Period

2	1	3	0	0	0	.	0	0
---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. EXCLUSIVE CHARTER SERVICE, INC

Mailing Address 1500 PERIMETER ROAD

City WEST PALM BEACH State FL Zip Code 33406

Purpose of Disbursement
TRAVEL

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
0	3		0	6		2	0	1	5

Transaction ID : SB23.1434

Amount of Each Disbursement this Period

1	0	7	6	2	0	.	0	0
---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FLASHNICK VISUALS

Mailing Address PO BOX 210762

City COLUMBIA State SC Zip Code 29221

Purpose of Disbursement
PHOTOGRAPHY SERVICE

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
0	5		1	4		2	0	1	5

Transaction ID : SB23.1368

Amount of Each Disbursement this Period

3	6	0	0	0	.	0	0
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Subtotal Of Receipts This Page (optional)..... 32422.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. FLASHNICK VISUALS		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address PO BOX 210762		Transaction ID : SB23.1369
City COLUMBIA	State SC	
Purpose of Disbursement PHOTOGRAPHY SERVICE	Candidate Name	Amount of Each Disbursement this Period \$ 591.68
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. FLASHNICK VISUALS, LLC		Date of Disbursement MM / DD / YYYY 06 / 13 / 2015
Mailing Address PO BOX 210762		Transaction ID : SB23.IK01
City COLUMBIA	State SC	
Purpose of Disbursement IN-KIND: PHOTOGRAPHY	Candidate Name	Amount of Each Disbursement this Period \$ 440.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. GARRETT'S DISCOUNT GOLF CARS, LLC		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 604 NORTH WOODS DRIVE		Transaction ID : SB23.1265
City FOUNTAIN INN	State SC	
Purpose of Disbursement EQUIPMENT RENTAL	Candidate Name	Amount of Each Disbursement this Period \$ 374.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... **1406.18**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)
A. GOBER HILGERS PLLC

Mailing Address 1005 CONGRESS AVENUE

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 12 / 2015

Transaction ID : SB23.1290

Amount of Each Disbursement this Period: 2187.50

Category/Type

Full Name (Last, First, Middle Initial)
B. GOBER HILGERS PLLC

Mailing Address 1005 CONGRESS AVENUE

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 20 / 2015

Transaction ID : SB23.1291

Amount of Each Disbursement this Period: 590.00

Category/Type

Full Name (Last, First, Middle Initial)
C. GOBER HILGERS PLLC

Mailing Address 1005 CONGRESS AVENUE

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 17 / 2015

Transaction ID : SB23.1292

Amount of Each Disbursement this Period: 1210.00

Category/Type

Subtotal Of Receipts This Page (optional)..... 3987.50

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. GOBER HILGERS PLLC		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 1005 CONGRESS AVENUE		Transaction ID : SB23.1293
City AUSTIN	State TX	
Zip Code 78701	Purpose of Disbursement LEGAL CONSULTING	Amount of Each Disbursement this Period 467.50
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. HOON DESIGNS, LLC		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 2800 SHIRLINGTON RD, SUITE 920		Transaction ID : SB23.1404
City ARLINGTON	State VA	
Zip Code 22206	Purpose of Disbursement PRINTING/POSTAGE	Amount of Each Disbursement this Period 900.00
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) C. HYPERION FIELD CLUB		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address 7390 NW BEAVER DRIVE		Transaction ID : SB23.1279
City JOHNSTON	State IA	
Zip Code 50131	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 1224.55
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2592.05

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. INSPERITY		Date of Disbursement MM / DD / YYYY 05 / 19 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.1340
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL INSURANCE/SVC	Candidate Name	Amount of Each Disbursement this Period 5005.98
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) B. INSPERITY		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.1341
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL INSURANCE/SVC	Candidate Name	Amount of Each Disbursement this Period 11190.24
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) C. INTEGRAM		Date of Disbursement MM / DD / YYYY 06 / 01 / 2015
Mailing Address 22695 COMMERCE CENTER CT.		Transaction ID : SB23.1393
City DULLES	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 24038.51
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: _____	Category/ Type

Subtotal Of Receipts This Page (optional)..... 40234.73

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. IOWA DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 1305 EAST WALNUT STREET, #3000		Transaction ID : SB23.1354
City DES MOINES	State IA	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Amount of Each Disbursement this Period 11,111.11 222.22 333.33 444.44 555.55 666.66 777.77 888.88 999.99 1000.00 1111.11 1222.22 1333.33 1444.44 1555.55 1666.66 1777.77 1888.88 1999.99 2000.00 2111.11 2222.22 2333.33 2444.44 2555.55 2666.66 2777.77 2888.88 2999.99 3000.00 3111.11 3222.22 3333.33 3444.44 3555.55 3666.66 3777.77 3888.88 3999.99 4000.00 4111.11 4222.22 4333.33 4444.44 4555.55 4666.66 4777.77 4888.88 4999.99 5000.00 5111.11 5222.22 5333.33 5444.44 5555.55 5666.66 5777.77 5888.88 5999.99 6000.00 6111.11 6222.22 6333.33 6444.44 6555.55 6666.66 6777.77 6888.88 6999.99 7000.00 7111.11 7222.22 7333.33 7444.44 7555.55 7666.66 7777.77 7888.88 7999.99 8000.00 8111.11 8222.22 8333.33 8444.44 8555.55 8666.66 8777.77 8888.88 8999.99 9000.00 9111.11 9222.22 9333.33 9444.44 9555.55 9666.66 9777.77 9888.88 9999.99 10000.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. IRMO INSURANCE AGENCY, INC		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address POST OFFICE BOX 1047		Transaction ID : SB23.1285
City IRMO	State SC	
Purpose of Disbursement INSURANCE	Candidate Name	Amount of Each Disbursement this Period 11,111.11 222.22 333.33 444.44 555.55 666.66 777.77 888.88 999.99 1000.00 1111.11 1222.22 1333.33 1444.44 1555.55 1666.66 1777.77 1888.88 1999.99 2000.00 2111.11 2222.22 2333.33 2444.44 2555.55 2666.66 2777.77 2888.88 2999.99 3000.00 3111.11 3222.22 3333.33 3444.44 3555.55 3666.66 3777.77 3888.88 3999.99 4000.00 4111.11 4222.22 4333.33 4444.44 4555.55 4666.66 4777.77 4888.88 4999.99 5000.00 5111.11 5222.22 5333.33 5444.44 5555.55 5666.66 5777.77 5888.88 5999.99 6000.00 6111.11 6222.22 6333.33 6444.44 6555.55 6666.66 6777.77 6888.88 6999.99 7000.00 7111.11 7222.22 7333.33 7444.44 7555.55 7666.66 7777.77 7888.88 7999.99 8000.00 8111.11 8222.22 8333.33 8444.44 8555.55 8666.66 8777.77 8888.88 8999.99 9000.00 9111.11 9222.22 9333.33 9444.44 9555.55 9666.66 9777.77 9888.88 9999.99 10000.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. JOHN COONEY		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 6400 FALLBROOK ROAD		Transaction ID : SB23.1239
City EDEN PRAIRIE	State MN	
Purpose of Disbursement COMPLIANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 11,111.11 222.22 333.33 444.44 555.55 666.66 777.77 888.88 999.99 1000.00 1111.11 1222.22 1333.33 1444.44 1555.55 1666.66 1777.77 1888.88 1999.99 2000.00 2111.11 2222.22 2333.33 2444.44 2555.55 2666.66 2777.77 2888.88 2999.99 3000.00 3111.11 3222.22 3333.33 3444.44 3555.55 3666.66 3777.77 3888.88 3999.99 4000.00 4111.11 4222.22 4333.33 4444.44 4555.55 4666.66 4777.77 4888.88 4999.99 5000.00 5111.11 5222.22 5333.33 5444.44 5555.55 5666.66 5777.77 5888.88 5999.99 6000.00 6111.11 6222.22 6333.33 6444.44 6555.55 6666.66 6777.77 6888.88 6999.99 7000.00 7111.11 7222.22 7333.33 7444.44 7555.55 7666.66 7777.77 7888.88 7999.99 8000.00 8111.11 8222.22 8333.33 8444.44 8555.55 8666.66 8777.77 8888.88 8999.99 9000.00 9111.11 9222.22 9333.33 9444.44 9555.55 9666.66 9777.77 9888.88 9999.99 10000.00
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:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 11170.98

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. MAIL MARKETING STRATEGIES

Mailing Address PO BOX 5497

City COLUMBIA State SC Zip Code 29250

Purpose of Disbursement
PRINTING/POSTAGE

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
0	5		1	4		2	0	1	5

Transaction ID : SB23.1405

Amount of Each Disbursement this Period

6	9	0	5	6
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MASSACHUSETTS DEP'T OF REVENUE

Mailing Address PO BOX 7010

City BOSTON State MA Zip Code 02204

Purpose of Disbursement
PAYROLL TAXES

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
0	6		1	9		2	0	1	5

Transaction ID : SB23.1355

Amount of Each Disbursement this Period

5	4	9
---	---	---

Full Name (Last, First, Middle Initial)

C. MEETING STREET RESEARCH, LLC

Mailing Address 40 MONTAGU STREET

City CHARLESTON State SC Zip Code 29401

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
0	3		2	0		2	0	1	5

Transaction ID : SB23.1418

Amount of Each Disbursement this Period

6	9	0	0	0	0
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Subtotal Of Receipts This Page (optional)..... 69696.05

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. NORTHSTAR CAMPAIGN SYSTEMS, INC		Date of Disbursement MM / DD / YYYY 05 / 19 / 2015
Mailing Address 11421 DAVENPORT ST		Transaction ID : SB23.1419
City OMAHA State NE Zip Code 68154	Amount of Each Disbursement this Period 5850.00	
Purpose of Disbursement TELEPHONE SERVICE	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. NORTHSTAR CAMPAIGN SYSTEMS, INC		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 11421 DAVENPORT ST		Transaction ID : SB23.1420
City OMAHA State NE Zip Code 68154	Amount of Each Disbursement this Period 6496.47	
Purpose of Disbursement TELEPHONE SERVICE	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) C. NOVUS PUBLIC AFFAIRS, LLC		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 121 BOW STREET, SUITE 6		Transaction ID : SB23.1379
City PORTSMOUTH State NH Zip Code 03801	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 22346.47

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. OCTAGON SOLUTIONS, LLC		Date of Disbursement MM / DD / YYYY 05 / 28 / 2015
Mailing Address PO BOX 1571		Transaction ID : SB23.1400
City COLUMBIA	State SC	
Zip Code 29202	Purpose of Disbursement PRINTING	Amount of Each Disbursement this Period 1200.00
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. OREGON DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 955 CENTER STREET NE		Transaction ID : SB23.1359
City SALEM	State OR	
Zip Code 97301	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 115.48
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) C. OVATIONS		Date of Disbursement MM / DD / YYYY 05 / 08 / 2015
Mailing Address 1101 LINCOLN STREET		Transaction ID : SB23.1280
City COLUMBIA	State SC	
Zip Code 29201	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 4168.69
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 5484.17

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. PALMETTO PAYROLL SOLUTIONS		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address PO BOX 6156		Transaction ID : SB23.1342
City COLUMBIA	State SC	
Zip Code 29260	Purpose of Disbursement PAYROLL SERVICES	Amount of Each Disbursement this Period 89.60
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. PALMETTO PAYROLL SOLUTIONS		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address PO BOX 6156		Transaction ID : SB23.1343
City COLUMBIA	State SC	
Zip Code 29260	Purpose of Disbursement PAYROLL SERVICES	Amount of Each Disbursement this Period 60.65
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) C. PALMETTO PAYROLL SOLUTIONS		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address PO BOX 6156		Transaction ID : SB23.1344
City COLUMBIA	State SC	
Zip Code 29260	Purpose of Disbursement PAYROLL SERVICES	Amount of Each Disbursement this Period 48.15
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 198.40

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. PRIME SIGNS

Mailing Address 925 UNIVERSITY AVE #B

City State Zip Code
SACRAMENTO CA 95825

Purpose of Disbursement
PRINTING

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
05 / 28 / 2015

Transaction ID : SB23.1401

Amount of Each Disbursement this Period

2366.77

Full Name (Last, First, Middle Initial)

B. QUICKBOOKS

Mailing Address 2632 MARINE WAY

City State Zip Code
MOUNTAIN VIEW CA 94043

Purpose of Disbursement
PRINTING

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
05 / 28 / 2015

Transaction ID : SB23.1402

Amount of Each Disbursement this Period

248.92

Full Name (Last, First, Middle Initial)

C. QUICKBOOKS

Mailing Address 2632 MARINE WAY

City State Zip Code
MOUNTAIN VIEW CA 94043

Purpose of Disbursement
PRINTING

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
06 / 22 / 2015

Transaction ID : SB23.1403

Amount of Each Disbursement this Period

153.97

Subtotal Of Receipts This Page (optional)..... 2769.66

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : SB23.1417

Amount of Each Disbursement this Period

1835.94

Full Name (Last, First, Middle Initial)

B. RESTAURANT ASSOCIATES

Mailing Address 2ND & D STREETS SW

City WASHINGTON State DC Zip Code 20515

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2015

Transaction ID : SB23.1281

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

C. RESTAURANT ASSOCIATES

Mailing Address 2ND & D STREETS SW

City WASHINGTON State DC Zip Code 20515

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2015

Transaction ID : SB23.1282

Amount of Each Disbursement this Period

202.00

Subtotal Of Receipts This Page (optional)..... 2112.94

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. RICHARD QUINN & ASSOCIATES		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address PO BOX 12526		Transaction ID : SB23.1383
City COLUMBIA	State SC	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period 12500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) B. RICHARD QUINN & ASSOCIATES		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address PO BOX 12526		Transaction ID : SB23.1392
City COLUMBIA	State SC	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period 32027.07
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) C. ROLLING HILLS COUNTRY CLUB		Date of Disbursement MM / DD / YYYY 02 / 11 / 2015
Mailing Address 333 HURLBUTT STREET		Transaction ID : SB23.1267
City WILTON	State CT	
Purpose of Disbursement FACILITY RENTAL		Amount of Each Disbursement this Period 500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Subtotal Of Receipts This Page (optional)..... 45027.07

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial)

A. SC DEP'T OF EMPLOYMENT & WORKFORCE

Mailing Address PO BOX 7103

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2015

Transaction ID : SB23.1360

Amount of Each Disbursement this Period

860.00 602.80

Full Name (Last, First, Middle Initial)

B. SCE&G

Mailing Address PO BOX 100255

City COLUMBIA State SC Zip Code 29202-3255

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2015

Transaction ID : SB23.1447

Amount of Each Disbursement this Period

107.47

Full Name (Last, First, Middle Initial)

C. SCE&G

Mailing Address PO BOX 100255

City COLUMBIA State SC Zip Code 29202-3255

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2015

Transaction ID : SB23.1448

Amount of Each Disbursement this Period

178.17

Subtotal Of Receipts This Page (optional)..... 888.44

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SCE&G		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address PO BOX 100255		Transaction ID : SB23.1449
City COLUMBIA	State SC	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 210.85
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:	Category/ Type

Full Name (Last, First, Middle Initial) B. SCE&G		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address PO BOX 100255		Transaction ID : SB23.1450
City COLUMBIA	State SC	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 129.43
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:	Category/ Type

Full Name (Last, First, Middle Initial) C. SCE&G		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address PO BOX 100255		Transaction ID : SB23.1451
City COLUMBIA	State SC	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 113.79
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:	Category/ Type

Subtotal Of Receipts This Page (optional)..... 454.07

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SOUTH CAROLINA DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 03 / 20 / 2015
Mailing Address 300A OUTLET POINTE BOULEVARD		Transaction ID : SB23.1363
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 999,999.99 595.73	
Purpose of Disbursement PAYROLL TAXES	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. SOUTH CAROLINA DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 300A OUTLET POINTE BOULEVARD		Transaction ID : SB23.1364
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 999,999.99 595.73	
Purpose of Disbursement PAYROLL TAXES	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) C. SOUTH CAROLINA DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 300A OUTLET POINTE BOULEVARD		Transaction ID : SB23.1365
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 999,999.99 2803.60	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 999,999.99 3995.06

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SOUTH CAROLINA DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 300A OUTLET POINTE BOULEVARD		Transaction ID : SB23.1366
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 6157.37	
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTH CAROLINA SECRETARY OF STATE		Date of Disbursement MM / DD / YYYY 05 / 28 / 2015
Mailing Address 1205 PENDLETON ST. SUITE 525		Transaction ID : SB23.1408
City COLUMBIA State SC Zip Code 29201	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement REGISTRATION FEE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST PUBLISHING		Date of Disbursement MM / DD / YYYY 04 / 08 / 2015
Mailing Address 4000 SE ADAMS STREET		Transaction ID : SB23.1394
City TOPEKA State KS Zip Code 66609	Amount of Each Disbursement this Period 5613.37	
Purpose of Disbursement POSTAGE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 6157.37

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. SOUTHWEST PUBLISHING		Date of Disbursement MM / DD / YYYY 06 / 01 / 2015
Mailing Address 4000 SE ADAMS STREET		Transaction ID : SB23.1395
City TOPEKA State KS Zip Code 66609	Amount of Each Disbursement this Period 7618.38	
Purpose of Disbursement POSTAGE	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. SOUTHWEST PUBLISHING		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 4000 SE ADAMS STREET		Transaction ID : SB23.1406
City TOPEKA State KS Zip Code 66609	Amount of Each Disbursement this Period 5219.08	
Purpose of Disbursement PRINTING/POSTAGE	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) C. SOUTHWEST PUBLISHING		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 4000 SE ADAMS STREET		Transaction ID : SB23.1407
City TOPEKA State KS Zip Code 66609	Amount of Each Disbursement this Period 6833.66	
Purpose of Disbursement PRINTING/POSTAGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional).....	19671.12
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. THE BAUPOST GROUP, LLC		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 10 ST JAMES AVENUE, SUITE 1700		Transaction ID : SB23.1283
City BOSTON	State MA	
Zip Code 02116	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 555.98
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. THE MASON CITY FOUNDATION		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 308 S. PENNSYLVANIA AVE.		Transaction ID : SB23.1268
City MASON CITY	State IA	
Zip Code 50401	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 500.00
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) C. THE PALMETTO CLUB		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 275 BERRIE ROAD SW		Transaction ID : SB23.1284
City AIKEN	State SC	
Zip Code 29801	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 2629.61
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 3685.59

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. THE TRAILBLAZER GROUP		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 901 KING STREET		Transaction ID : SB23.1273
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Amount of Each Disbursement this Period 12778.40
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. THE TRAILBLAZER GROUP		Date of Disbursement MM / DD / YYYY 02 / 12 / 2015
Mailing Address 901 KING STREET		Transaction ID : SB23.1384
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Amount of Each Disbursement this Period 12147.94
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) C. THE TRAILBLAZER GROUP		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 901 KING STREET		Transaction ID : SB23.1385
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Amount of Each Disbursement this Period 11321.74
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 36248.08

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. TIME WARNER CABLE		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address PO BOX 77169		Transaction ID : SB23.1455
City CHARLOTTE	State NC	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 211.02
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. TIME WARNER CABLE		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address PO BOX 77169		Transaction ID : SB23.1456
City CHARLOTTE	State NC	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 852.04
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 04 / 08 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23.1396
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 300.00
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:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 1363.06

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 04 / 30 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23.1397
City MERRIFIELD	State VA	
Zip Code 22116	Purpose of Disbursement POSTAGE	Amount of Each Disbursement this Period \$ 500.00
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. USPS		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23.1398
City MERRIFIELD	State VA	
Zip Code 22116	Purpose of Disbursement POSTAGE	Amount of Each Disbursement this Period \$ 1000.00
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) C. USPS		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : SB23.1399
City MERRIFIELD	State VA	
Zip Code 22116	Purpose of Disbursement POSTAGE	Amount of Each Disbursement this Period \$ 2000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional).....	\$ 3500.00
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 890 / 893

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. VANDENBERG & ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 03 / 20 / 2015
Mailing Address 3927 ELM AVENUE		Transaction ID : SB23.1274
City LONG BEACH	State CA	
Zip Code 90807	Purpose of Disbursement FINANCE CONSULTING	Amount of Each Disbursement this Period 6590.00
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. VANDENBERG & ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 3927 ELM AVENUE		Transaction ID : SB23.1443
City LONG BEACH	State CA	
Zip Code 90807	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 381.30
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) C. VIRGINIA DEPARTMENT OF TAXATION		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address P.O. BOX 1115		Transaction ID : SB23.1367
City RICHMOND	State VA	
Zip Code 23218-1115	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 1669.21
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 8640.51

Total This Period (last page this line number only)..... 1115333.82

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. KENNETH ABRAMOWITZ		Date of Disbursement MM / DD / YYYY 05 / 19 / 2015
Mailing Address 200 CENTRAL PARK S APT 31A		Transaction ID : SB28A.813
City NEW YORK	State NY	
Zip Code 10019	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period \$ 500.00
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. BARRY KAPLAN		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 51 BROOKBY ROAD		Transaction ID : SB28A.808
City SCARSDALE	State NY	
Zip Code 10583	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period \$ 2600.00
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) C. WES KISSINGER		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 214 W. PEACH RIDGE DR.		Transaction ID : SB28A.815
City GREER	State SC	
Zip Code 29651	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period \$ 700.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... **\$ 3800.00**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. JOHN RAINEY		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 720 ALBION ROAD		Transaction ID : SB28A.812
City COLUMBIA	State SC	
Zip Code 29205	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2600.00
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. DAVE ROBERTS		Date of Disbursement MM / DD / YYYY 02 / 12 / 2015
Mailing Address 124 DUCK POND ROAD		Transaction ID : SB28A.810
City COLUMBIA	State SC	
Zip Code 29223	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 300.00
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) C. DAVID ROSEN		Date of Disbursement MM / DD / YYYY 05 / 19 / 2015
Mailing Address 801 S. GRAND AVE. #1100		Transaction ID : SB28A.811
City LOS ANGELES	State CA	
Zip Code 90017	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 900.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 3800.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
LINDSEY GRAHAM 2016

Full Name (Last, First, Middle Initial) A. STEVEN SALL		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 31 TURNER DRIVE		Transaction ID : SB28A.814
City GREENWICH	State CT	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 1300.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. BILL SKIPPER		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 2625 SLEDDING HILL ROAD		Transaction ID : SB28A.809
City OAKTON	State SC	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 2500.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State	
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
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:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 3800.00

Total This Period (last page this line number only)..... 11400.00