

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Team McHenry

ADDRESS (number and street) 228 S. Washington St., Ste. 115 . Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER C C00544650 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [] April 15 Quarterly Report (Q1) [] July 15 Quarterly Report (Q2) [X] October 15 Quarterly Report (Q3) [] January 31 Year-End Report (YE) [] July 31 Mid-Year Report (Non-election Year Only) (MY) [] Termination Report (TER) (b) Monthly Report Due On: [] Feb 20 (M2) [] May 20 (M5) [] Aug 20 (M8) [] Nov 20 (M11) (Non-Election Year Only) [] Mar 20 (M3) [] Jun 20 (M6) [] Sep 20 (M9) [] Dec 20 (M12) (Non-Election Year Only) [] Apr 20 (M4) [] Jul 20 (M7) [] Oct 20 (M10) [] Jan 31 (YE) (c) 12-Day PRE-Election Report for the: [] Primary (12P) [] General (12G) [] Runoff (12R) [] Convention (12C) [] Special (12S) Election on [] in the State of [] (d) 30-Day POST-Election Report for the: [] General (30G) [] Runoff (30R) [] Special (30S) Election on [] in the State of []

5. Covering Period 07 / 01 / 2017 through 09 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Lisker, Lisa, , , Type or Print Name of Treasurer

Signature of Treasurer Lisker, Lisa, , , [Electronically Filed] Date 10 / 13 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Team McHenry

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="46791.73"/>	<input type="text" value="46791.73"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35615.78"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="116857.17"/>	<input type="text" value="651307.17"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="152472.95"/>	<input type="text" value="698098.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="90098.37"/>	<input type="text" value="635724.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="62374.58"/>	<input type="text" value="62374.58"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Team McHenry

Report Covering the Period: From: 07 / 01 / 2017 To: 09 / 30 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	86757.17	492957.17
(ii) Unitemized	100.00	350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	86857.17	493307.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	30000.00	158000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	116857.17	651307.17
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	116857.17	651307.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	116857.17	651307.17

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	55414.79	175799.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	55414.79	175799.78
22. Transfers to Affiliated/Other Party Committees.....	34683.58	459174.54
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	750.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	750.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	90098.37	635724.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	90098.37	635724.32

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	116857.17	651307.17
34. Total Contribution Refunds (from Line 28(d))	0.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	116857.17	650557.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	55414.79	175799.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	55414.79	175799.78

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
Team McHenry

A. BERK, THOMAS, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 MAYFLOWER LANE
 City DUXBURY State MA Zip Code 02332-5209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BROWN BROTHERS HARRIMAN Occupation (for Individual) BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2017
Transaction ID : SA11A.1449
 Amount of Each Receipt this Period
 1500.00
 Memo Item
 CONTRIBUTION

B. BODMAN, TAYLOR, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 ASH ST.
 City CAMBRIDGE State MA Zip Code 02138-4832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BROWN BROTHERS HARRIMAN Occupation (for Individual) BANKING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2017
Transaction ID : SA11A.1457
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

C. BURKAN, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 WINFIELD AVE.
 City HARRISON State NJ Zip Code 10520-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MORGAN STANLEY Occupation (for Individual) SENIOR VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : SA11A.1553
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Team McHenry

A. CARILLO, BROOKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 WEST 24TH STREET, APT 3E
 City NEW YORK State NY Zip Code 10010-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANNALY CAPITAL MANAGEMENT, INC. Occupation (for Individual) FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 19 / 2017
Transaction ID : SA11A.1528
 Amount of Each Receipt this Period 1250.00
 Memo Item CONTRIBUTION

B. CARNAGGIO, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 3876
 City MOORESVILLE State NC Zip Code 28117-3876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) DENTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 08 / 07 / 2017
Transaction ID : SA11A.1480
 Amount of Each Receipt this Period 5400.00
 Memo Item CONTRIBUTION

C. COHEN, AARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1007 W BRADDOCK RD
 City ALEXANDRIA State VA Zip Code 22302-3229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAPITOL COUNSEL LLC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 01 / 2017
Transaction ID : SA11A.1466
 Amount of Each Receipt this Period 1250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7900.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Team McHenry

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CROSSEN, HELEN, , ,

Mailing Address **64 PROSPECT AVE**

City **MONTCLAIR** State **NJ** Zip Code **07042-**

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

Name of Employer (for Individual) **ANNALY** Occupation (for Individual) **MANAGEMENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
09 / 20 / 2017

Transaction ID : SA11A.1526

Amount of Each Receipt this Period
1250.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CRUTCHFIELD, ELLIOTT, , , JR.

Mailing Address **7214 BALTUSROL LANE**

City **CHARLOTTE** State **NC** Zip Code **28210-4920**

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

Name of Employer (for Individual) **CRUTCHFIELD CAPITAL LLC** Occupation (for Individual) **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1657.17

Date of Receipt
08 / 03 / 2017

Transaction ID : SA11A.1469

Amount of Each Receipt this Period
1657.17

Memo Item
IN KIND CONTRIBUTION

CATERING

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. DEBBANE, RAYMOND, , ,

Mailing Address **10 QUAIL RD.**

City **GREENWICH** State **CT** Zip Code **06831-3369**

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

Name of Employer (for Individual) **INNUS GROUP LLC** Occupation (for Individual) **CEO**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2700.00

Date of Receipt
08 / 07 / 2017

Transaction ID : SA11A.1483

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **5607.17**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Team McHenry

A. EFIRD, H. TIMOTHY, , , II
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2522 SHEFFIELD DR.

City GASTONIA	State NC	Zip Code 28054-7291
------------------	-------------	------------------------

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

Name of Employer (for Individual) STANDARD DISTRIBUTORS INC.	Occupation (for Individual) PRESIDENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2017

Transaction ID : SA11A.1491

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. ERTAS, ILKER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 FAYETTE RD

City SCARSDALE	State NY	Zip Code 10583-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ANNALY CAPITAL MANAGEMENT	Occupation (for Individual) FINANCE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2017

Transaction ID : SA11A.1527

Amount of Each Receipt this Period
1250.00

Memo Item
CONTRIBUTION

C. EVANGELAKOS, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1220 PARK AVE.

City NEW YORK	State NY	Zip Code 10128-
------------------	-------------	--------------------

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

Name of Employer (for Individual) SULLIVAN & CROMWELL	Occupation (for Individual) ATTORNEY
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2017

Transaction ID : SA11A.1520

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team McHenry

A. GEDULDIG, COURTNEY, CLELAN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1423 SPRING VALE AVE.
 City MCLEAN State VA Zip Code 22101-3528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) S&P GLOBAL INC. Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 07 / 2017**
Transaction ID : SA11A.1487
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. GREEN, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 GODFREY ROAD WEST
 City WESTON State CT Zip Code 06883-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANNALY MANAGEMENT COMPANY LLC Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **09 / 19 / 2017**
Transaction ID : SA11A.1529
 Amount of Each Receipt this Period 1250.00
 Memo Item CONTRIBUTION

C. GRIFFIN, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 S DEARBORN ST.
 City CHICAGO State IL Zip Code 60603-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CITIDEL LLC Occupation (for Individual) FOUNDER & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10400.00

Date of Receipt **08 / 07 / 2017**
Transaction ID : SA11A.1484
 Amount of Each Receipt this Period 10400.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	12650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team McHenry

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GUTHY, DENISE, , ,			Date of Receipt
Mailing Address 1312 FAWN MEADOW			<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City ARDEN	State NC	Zip Code 28704-9118	Transaction ID : SA11A.1462
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) HOMEMAKER		Occupation (for Individual) HOMEMAKER	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HANDORF, WILLIAM, C., ,			Date of Receipt
Mailing Address 5413 BLACKISTONE RD.			<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2017"/>
City BETHESDA	State MD	Zip Code 20816-1820	Transaction ID : SA11A.1455
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) FHLBANK		Occupation (for Individual) DIRECTOR	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HARRIS, LARRY, B., ,			Date of Receipt
Mailing Address 101 RICHARD LANE			<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2017"/>
City BLACK MOUNTAIN	State NC	Zip Code 28711-8773	Transaction ID : SA11A.1461
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) BURLINGHAM & HARRIS PA		Occupation (for Individual) CPA	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Team McHenry

A. HARTCH, TIMOTHY, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 FLAGLER DRIVE
 City GREENWICH State CT Zip Code 06830-3419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BROWN BROTHERS HARRIMAN Occupation (for Individual) PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **07 / 13 / 2017**
Transaction ID : SA11A.1450
 Amount of Each Receipt this Period 1500.00
 Memo Item CONTRIBUTION

B. HEGYI, ALBERT, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 PARK AVE 39TH FL.
 City NEW YORK State NY Zip Code 10167-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1ST FINANCIAL BANK USA Occupation (for Individual) BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt **08 / 25 / 2017**
Transaction ID : SA11A.1495
 Amount of Each Receipt this Period 5400.00
 Memo Item CONTRIBUTION

C. HEIN, PETER, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 CENTRAL PARK W., #14E
 City NEW YORK State NY Zip Code 10023-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WACHTELL UPTON Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 24 / 2017**
Transaction ID : SA11A.1518
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7900.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Team McHenry

A. JEFFRIES, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2832
 City ASHEVILLE State NC Zip Code 28802-2832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOSPICE COMPUSUS Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 07 / 2017
Transaction ID : SA11A.1482
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. JOHNSON, TRAVIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5640 19TH STREET N
 City ARLINGTON State VA Zip Code 22205-3152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ERIS GROUP, LLC Occupation (for Individual) GOVERNMENT RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 08 / 2017
Transaction ID : SA11A.1488
 Amount of Each Receipt this Period 1250.00
 Memo Item CONTRIBUTION

C. KISLAK, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3570 BATTERSEA ROAD
 City COCONUT GROVE State FL Zip Code 33133-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANTARES CAPITAL CORPORATION Occupation (for Individual) PARTNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 17 / 2017
Transaction ID : SA11A.1458
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 2750.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team McHenry

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. KOLEGO, TREVOR, W., ,

Mailing Address **217 VIRGINIA AVE**

City **ALEXANDRIA** State **VA** Zip Code **22302-2906**

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

Name of Employer (for Individual) **YEAR** Occupation (for Individual) **GOVERNMENT RELATIONS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
09 / 25 / 2017

Transaction ID : SA11A.1515

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. KUMPF, GERALD, , ,

Mailing Address **P.O. BOX 2288**

City **CAWDLER** State **NC** Zip Code **28715-2288**

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

Name of Employer (for Individual) **MISSION** Occupation (for Individual) **VICE PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 24 / 2017

Transaction ID : SA11A.1460

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LEFFELL, MICHAEL, , ,

Mailing Address **216 E 45TH ST. SUITE 1101**

City **NEW YORK** State **NY** Zip Code **10017-**

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

Name of Employer (for Individual) **PORTAGE PARTNERS** Occupation (for Individual) **INVESTOR**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2700.00

Date of Receipt
09 / 21 / 2017

Transaction ID : SA11A.1555

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **5450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team McHenry

A. MARTIN, RENWICK, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 RIVERSIDE #7A
 City NEW YORK State NY Zip Code 10024-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 11 / 2017
Transaction ID : SA11A.1507
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. MASSEY, WILLIAM, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 DEERHILL DR.
 City HO HO KUS State NJ Zip Code 07423-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SIDLEY AUSTIN Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2017
Transaction ID : SA11A.1511
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. MCMULLAN, WILLIAM, WESLEY, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 SOUTH WAY CT.
 City SALEM State SC Zip Code 29676-4625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FHLBANK Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 17 / 2017
Transaction ID : SA11A.1459
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Team McHenry

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MESKIN, JEFFREY, B., ,

Mailing Address **209 CLOISTER GREEN LN.**

City MEMPHIS	State TN	Zip Code 38120-2364
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) BROWN BROTHERS HARRIMAN	Occupation (for Individual) PARTNER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
07 / 13 / 2017

Transaction ID : SA11A.1454

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MONDRES, ERIC, M., ,

Mailing Address **733 RIVIERA ST.**

City VENICE	State FL	Zip Code 34285-
-----------------------	--------------------	---------------------------

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

Name of Employer (for Individual) FHL BANK	Occupation (for Individual) SENIOR VICE PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 12 / 2017

Transaction ID : SA11A.1510

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. NEWMAN, JERROLD, , ,

Mailing Address **25 EAST 86TH STREET, #15F**

City NEW YORK	State NY	Zip Code 10028-
-------------------------	--------------------	---------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) INVESTMENTS
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 08 / 2017

Transaction ID : SA11A.1531

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team McHenry

A. O' CONNOR, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 K STREET, NW, SUITE 650
 City WASHINGTON State DC Zip Code 20005-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CGCN GROUP Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2017
Transaction ID : SA11A.1525
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. OBUS, NELSON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 291 RUSSELL RD.
 City PRINCETON State NJ Zip Code 08540-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WYNNEFIELD CAPITAL Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 24 / 2017
Transaction ID : SA11A.1519
 Amount of Each Receipt this Period 2700.00
 Memo Item CONTRIBUTION

C. OLINER, MARTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 CENTRAL AVE.
 City LAWRENCE State NY Zip Code 11559-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIRST LINCOLN HOLDINGS Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2017
Transaction ID : SA11A.1554
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team McHenry

A. PANTZER, EDWARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 540 MADISON AVE. 35TH FLOOR

City NEW YORK	State NY	Zip Code 10022-
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) PANTZER PROPERTIES		Occupation (for Individual) CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2017
Transaction ID : SA11A.1556

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. RUDIN, WILLIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 345 PARK AVENUE, 33RD FLOOR

City NEW YORK	State NY	Zip Code 10154-
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RUDIN MANAGEMENT		Occupation (for Individual) REAL ESTATE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2017
Transaction ID : SA11A.1530

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

C. SCHOENFELD, JEFFREY, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 139 WOOSTER ST.
PH2

City NEW YORK	State NY	Zip Code 10012-3106
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) BROWN BROTHERS HARRIMAN		Occupation (for Individual) BANKING
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2017
Transaction ID : SA11A.1456

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Team McHenry

A. STONE, KEVIN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 BROADAY
 City NEW YORK State NY Zip Code 10005-1108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BROWN BOTHERS HARRIMAN Occupation (for Individual) PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2017
Transaction ID : SA11A.1453
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

B. SULLIVAN, W. CARTER, , , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 BROADWAY
 City NEW YORK State NY Zip Code 10005-1108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BROWN BROTHERS HARRIMAN Occupation (for Individual) PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2017
Transaction ID : SA11A.1451
 Amount of Each Receipt this Period
 1500.00
 Memo Item
 CONTRIBUTION

C. TEICHHOLTZ, COLIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 W 14TH ST. APT 4
 City NEW YORK State NY Zip Code 10011-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PINE RIVER CAPITAL Occupation (for Individual) PORTFOLIO MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2017
Transaction ID : SA11A.1524
 Amount of Each Receipt this Period
 2700.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Team McHenry

A. TREFZGER, CHARLES, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2568
 City HICKORY State NC Zip Code 28603-2568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MERIDIAN SENIOR LIVING Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11A.1490
 Amount of Each Receipt this Period 5400.00
 Memo Item CONTRIBUTION

B. TYREE, WILLIAM, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 E. 65TH ST.
 City NEW YORK State NY Zip Code 10065-7007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BROWN BROTHERS HARRIMAN Occupation (for Individual) PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 13 / 2017
Transaction ID : SA11A.1452
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

C. WHITE, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1310
 City BLACK MOUNTAIN State NC Zip Code 28711-1310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 10 / 2017
Transaction ID : SA11A.1492
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 8400.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Team McHenry

A. WILLCOX, LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9325 RENSRAW DRIVE
 City BETHESDA State MD Zip Code 20817-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAPITOL TAX PARTNERS Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **07 / 21 / 2017**
Transaction ID : SA11A.1465
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. HUNTON & WILLIAMS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 951 EAST BYRD ST.
 City RICHMOND State VA Zip Code 23219-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 25 / 2017**
Transaction ID : SA11A.1517
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NO PARTNERS REQ. ITEM.

C. SYCUAN BAND OF THE KUMEYAAY NATION
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5459 SYCUAN ROAD
 City EL CAJON State CA Zip Code 92019-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **08 / 07 / 2017**
Transaction ID : SA11A.1485
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	86757.17

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team McHenry

A. AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION C
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1891 PRESTON WHITE DRIVE
 City RESTON State VA Zip Code 20191-4326
 FEC ID number of contributing federal political committee. **C** C00343459
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 30 / 2017
Transaction ID : SA11C.1496
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. ARCH CAPITAL GROUP INC. PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 HUDSON STREET, SUITE 300 HARBORSIDE 3
 City JERSEY CITY State NJ Zip Code 07311-1206
 FEC ID number of contributing federal political committee. **C** C00433912
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 07 / 2017
Transaction ID : SA11C.1486
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

C. ARCH CAPITAL GROUP INC. PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 HUDSON STREET, SUITE 300 HARBORSIDE 3
 City JERSEY CITY State NJ Zip Code 07311-1206
 FEC ID number of contributing federal political committee. **C** C00433912
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 15 / 2017
Transaction ID : SA11C.1493
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team McHenry

A. COVINGTON AND BURLING LLP PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **ONE CITYCENTER**
850 TENTH STREET, NW

City **WASHINGTON** State **DC** Zip Code **20001-4956**

FEC ID number of contributing federal political committee. **C C00462630**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
08 / 01 / 2017

Transaction ID : SA11C.1467

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. CROWE PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **3815 RIVER CROSSING PARKWAY**
SUITE 300

City **INDIANAPOLIS** State **IN** Zip Code **46240-**

FEC ID number of contributing federal political committee. **C C00451518**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 12 / 2017

Transaction ID : SA11C.1508

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. FIRST DATA CORPORATION PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **5565 GLENRIDGE CONNECTOR NE #2000**

City **ATLANTA** State **GA** Zip Code **30342-**

FEC ID number of contributing federal political committee. **C C00583336**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 12 / 2017

Transaction ID : SA11C.1509

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team McHenry

A. HALLIBURTON COMPANY PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 801 17TH ST NW 10TH FLOOR

City WASHINGTON	State DC	Zip Code 20006-3912
FEC ID number of contributing federal political committee. C C00035691		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2017
Transaction ID : SA11C.1463

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. I. HEART MEDIA, INC.-CLEAR CHANNEL OUTDOOR PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 200 E. BASSE ROAD

City SAN ANTONIO	State TX	Zip Code 78209-
FEC ID number of contributing federal political committee. C C00279216		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2017
Transaction ID : SA11C.1523

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. INSURED RETIREMENT INSTITUTE POLITICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1101 NEW YORK AVENUE NW
SUITE 825

City WASHINGTON	State DC	Zip Code 20005-4359
FEC ID number of contributing federal political committee. C C00490474		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2017
Transaction ID : SA11C.1489

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team McHenry

A. INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1101 PENNSYLVANIA AVENUE NW
SUITE 200

City WASHINGTON State DC Zip Code 20004-2514

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2017

Transaction ID : SA11C.1468

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. IPAA WILDCATTERS FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 15TH STREET, NW
SUITE 300

City WASHINGTON State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C** C00246306

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2017

Transaction ID : SA11C.1494

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. NOMURA HOLDING AMERICA INC, POLITICAL ACTION COMMITTEE (NOMU)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1101 PENNSYLVANIA AVENUE, NW
SUITE 515

City WASHINGTON State DC Zip Code 20004-2528

FEC ID number of contributing federal political committee. **C** C00491951

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2017

Transaction ID : SA11C.1506

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team McHenry

A. PAYPAL PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2211 NORTH FIRST STREET
City SAN JOSE State CA Zip Code 95131-
FEC ID number of contributing federal political committee. **C** C00581686
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 25 / 2017
Transaction ID : SA11C.1516
Amount of Each Receipt this Period 1500.00
 Memo Item
CONTRIBUTION

B. POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOC OF ORTHOPAE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 317 MASSACHUSETTS AVE., N.E. 1ST FLOOR
City WASHINGTON State DC Zip Code 20002-
FEC ID number of contributing federal political committee. **C** C00343137
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11C.1521
Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

C. PRINTPAC-PRINTING INDUSTRIES OF AMERICA PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1001 G STREET NW SUITE 800
City WASHINGTON State DC Zip Code 20001-
FEC ID number of contributing federal political committee. **C** C00018028
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2017
Transaction ID : SA11C.1514
Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Team McHenry

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. PROFESSIONAL COMPOUNDING CENTERS OF AMERICA PAC		Date of Receipt
Mailing Address 9901 SOUTH WILCREST DR		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2017"/>
City HOUSTON	State TX	Zip Code 77099-
FEC ID number of contributing federal political committee. C C00558452		Transaction ID : SA11C.1513
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SIDLEY AUSTIN LLP		Date of Receipt
Mailing Address 787 SEVENTH AVE		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2017"/>
City NEW YORK	State NY	Zip Code 10019-
FEC ID number of contributing federal political committee. C C00351270		Transaction ID : SA11C.1512
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WHOLESALE & SPECIALTY INSURANCE ASSOC.-WSIA PAC		Date of Receipt
Mailing Address 4131 N MULBERRY DRIVE SUITE 200		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City KANSAS CITY	State MO	Zip Code 64116-
FEC ID number of contributing federal political committee. C C00417634		Transaction ID : SA11C.1522
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="30000.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Team McHenry

A. ATKINS, MEGAN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 449 EAST 114TH ST., 11C

City NEW YORK State NY Zip Code 10009

Purpose of Disbursement
EVENT CATERING-SEE MEMO

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 28 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.I984**

Amount of Each Disbursement this Period: 2800.11

Memo Item

B. 21 CLUB

Full Name (Last, First, Middle Initial)

Mailing Address 21 W 52ND ST.

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
EVENT CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 28 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.I985**

Amount of Each Disbursement this Period: 2800.11

Memo Item

C. CRUTCHFIELD, ELLIOTT, , , JR.

Full Name (Last, First, Middle Initial)

Mailing Address 7214 BALTUSROL LANE

City CHARLOTTE State NC Zip Code 28210-4920

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.1469**

Amount of Each Disbursement this Period: 1657.17

CATERING

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4457.28

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Team McHenry

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
ONLINE PROCESSING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I980

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
ONLINE PROCESSING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I986

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City
SAN FRANCISCO

State
CA

Zip Code
94128

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I964

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Team McHenry

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City
SAN FRANCISCO

State
CA

Zip Code
94128

Purpose of Disbursement
MERCHANT FEE

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	8		0	2		2	0	1	7

FEC Identification Number

C []

Transaction ID : SB21B.I968

Amount of Each Disbursement this Period

[] 25.13

Memo Item

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City
SAN FRANCISCO

State
CA

Zip Code
94128

Purpose of Disbursement
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	9		0	5		2	0	1	7

FEC Identification Number

C []

Transaction ID : SB21B.I978

Amount of Each Disbursement this Period

[] 25.19

Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1909 K ST., NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
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	7		1	7		2	0	1	7

FEC Identification Number

C []

Transaction ID : SB21B.I965

Amount of Each Disbursement this Period

[] 131.44

Memo Item

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

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

[] 181.76

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Team McHenry

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 1909 K ST., NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB21B.I973
Amount of Each Disbursement this Period
67.64

Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1909 K ST., NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB21B.I979
Amount of Each Disbursement this Period
222.29

Memo Item

Full Name (Last, First, Middle Initial)

C. BROWN BROTHERS HARRIMAN & CO.

Mailing Address 140 BROADWAY

City
NEW YORK

State
NY

Zip Code
10005

Purpose of Disbursement
SITE RENTAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B.I970
Amount of Each Disbursement this Period
200.00

Memo Item

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

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

489.93

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Team McHenry

A. C.W. FRANKLIN LLC

Full Name (Last, First, Middle Initial)

Mailing Address 628 S COLUMBUS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 04 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I963

Amount of Each Disbursement this Period: 2593.50

Memo Item

B. C.W. FRANKLIN LLC

Full Name (Last, First, Middle Initial)

Mailing Address 628 S COLUMBUS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I967

Amount of Each Disbursement this Period: 1500.00

Memo Item

C. C.W. FRANKLIN LLC

Full Name (Last, First, Middle Initial)

Mailing Address 628 S COLUMBUS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement FUNDRAISING CONSULTING/CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I971

Amount of Each Disbursement this Period: 1888.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5982.49

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Team McHenry

Full Name (Last, First, Middle Initial) A. C.W. FRANKLIN LLC		Date of Disbursement MM / DD / YYYY 09 / 17 / 2017
Mailing Address 628 S COLUMBUS STREET		FEC Identification Number C [] Transaction ID : SB21B.I981 Amount of Each Disbursement this Period [] 1500.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement FUNDRAISING CONSULTING		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. C.W. FRANKLIN LLC		Date of Disbursement MM / DD / YYYY 09 / 17 / 2017
Mailing Address 628 S COLUMBUS STREET		FEC Identification Number C [] Transaction ID : SB21B.I982 Amount of Each Disbursement this Period [] 966.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement FUNDRAISING CONSULTING		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement MM / DD / YYYY 07 / 28 / 2017
Mailing Address 1593 SPRING HILL RD., STE. 400		FEC Identification Number C [] Transaction ID : SB21B.I966 Amount of Each Disbursement this Period [] 250.00
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATA MANAGEMENT		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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2716.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Team McHenry

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD., STE. 400

City
TYSONS CORNER

State
VA

Zip Code
22182

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8			2	0	1	7		

FEC Identification Number

C []
Transaction ID : SB21B.I974
Amount of Each Disbursement this Period
[] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD., STE. 400

City
TYSONS CORNER

State
VA

Zip Code
22182

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

FEC Identification Number

C []
Transaction ID : SB21B.I983
Amount of Each Disbursement this Period
[] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON STREET STE 115

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	7		

FEC Identification Number

C []
Transaction ID : SB21B.I975
Amount of Each Disbursement this Period
[] 784.91

Memo Item

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

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

1	2	8	4	.	9	1
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Team McHenry

Full Name (Last, First, Middle Initial)

A. INN ON BILTMORE ESTATES

Mailing Address 1 ANTLER HILL RD

City
ASHEVILLE

State
NC

Zip Code
28803

Purpose of Disbursement
EVENT SITE RENTAL/CATERING

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	8		1	3		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I972

Amount of Each Disbursement this Period

[REDACTED] 14896.53

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94110

Purpose of Disbursement
ONLINE PROCESSING

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	9		3	0		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I987

Amount of Each Disbursement this Period

[REDACTED] 619.63

Memo Item

Full Name (Last, First, Middle Initial)

C. THE OORBEEK GROUP

Mailing Address 5614 GARNETTS FARMS DRIVE

City
HAYMARKET

State
VA

Zip Code
20169

Purpose of Disbursement
EVENT CATERING/TRAVEL/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	8		0	6		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I969

Amount of Each Disbursement this Period

[REDACTED] 24583.74

Memo Item

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

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

[REDACTED] 40099.90

[REDACTED] 55414.79

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Team McHenry

Full Name (Last, First, Middle Initial)

A. MCHENRY FOR CONGRESS

Mailing Address P.O. BOX 1406

City
HICKORY

State
NC

Zip Code
28603

Purpose of Disbursement
DISTRIBUTION OF NET JFC PROCEEDS

Candidate Name

MCHENRY, PATRICK , TIMOTHY , ,

Office Sought: House
 Senate
 President

Disbursement For: 018
 Primary General
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	7

FEC Identification Number

C C00393629

Transaction ID : SB22.I976

Amount of Each Disbursement this Period

31551.24

Memo Item

Full Name (Last, First, Middle Initial)

B. MORE CONSERVATIVES PAC (MCPAC)

Mailing Address 228 S WASHINGTON ST STE 115

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DISTRIBUTION OF NET JFC PROCEEDS

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	8		3	1		2	0	1	7

FEC Identification Number

C C00540187

Transaction ID : SB22.I977

Amount of Each Disbursement this Period

3132.34

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

34683.58

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

34683.58