

**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

CARLY FOR PRESIDENT

ADDRESS (number and street) 1020 N FAIRFAX ST

STE 200

Check if different than previously reported. (ACC)

ALEXANDRIA VA 22314

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00577312 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 ... Twelfth day report preceding ... election on ... in the State of ...

Is this Report an Amendment? yes no

5. Covering Period 05 / 01 / 2016 through 05 / 31 / 2016

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 JOSEPH R SCHMUCKLER

Signature of Treasurer JOSEPH R SCHMUCKLER [Electronically Filed] Date 06 / 20 / 2016

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

Office Use Only								
-----------------	--	--	--	--	--	--	--	--

Write or Type Committee Name

# CARLY FOR PRESIDENT

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

## SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	<input type="text" value="1249170.21"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	<input type="text" value="29036.72"/>
8. SUBTOTAL (Lines 6 and 7) .....	<input type="text" value="1278206.93"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	<input type="text" value="348203.64"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="930003.29"/>
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="11932327.69"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="10701404.49"/>

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

**CARLY FOR PRESIDENT**

Report Covering the Period: From:

M M / D D / Y Y Y Y  
05 / 01 / 2016

To:

M M / D D / Y Y Y Y  
05 / 31 / 2016

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 .....	0.00	6409651.71
(ii) unitemized .....	-10.00	5636186.17
(iii) Total contributions .....	-10.00	12045837.88
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	0.00	20925.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	-10.00	12066762.88
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
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	12641.08
(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	12641.08
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	29046.72	29080.09
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	29036.72	12108484.05

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

**CARLY FOR PRESIDENT**

Report Covering the Period: From:

MM / DD / YYYY  
05 / 01 / 2016

To:

MM / DD / YYYY  
05 / 31 / 2016

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

23. OPERATING EXPENDITURES.....	98203.64	10714045.57
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.....	0.00	133435.19
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees .....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	0.00	134435.19
29. OTHER DISBURSEMENTS .....	250000.00	330000.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	348203.64	11178480.76

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

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00	
---	------	--

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 C00577312

CARLY FOR PRESIDENT

ADDRESS (number and street) 1020 N FAIRFAX ST  
STE 200  
ALEXANDRIA VA 22314  
CITY STATE 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
<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>

# SCHEDULE A-P ITEMIZED 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

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)

**CARLY FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**CRUZ FOR PRESIDENT**

Mailing Address PO BOX 25376

City	State	Zip Code
HOUSTON	TX	77265

FEC ID number of contributing federal political committee. **C** C00574624

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA21CRUZREIM**

Date of Receipt

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

**TRAVEL REIMBURSEMENT**

Amount of Each Receipt this Period

2	9	0	4	2	.	7	8
---	---	---	---	---	---	---	---

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Receipt this Period

--	--	--	--	--	--	--	--

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Receipt this Period

--	--	--	--	--	--	--	--

Memo Item

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

2	9	0	4	2	.	7	8
---	---	---	---	---	---	---	---

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

2	9	0	4	2	.	7	8
---	---	---	---	---	---	---	---



# 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

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T BANK</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016	
Mailing Address 2200 WILSON BLVD STE 100		<b>Transaction ID : SB230001</b>	
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement BANK FEE	Amount of Each Disbursement this Period 17.00	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016	
Mailing Address 1593 SPRING HILL ROAD, SUITE 400		<b>Transaction ID : SB230002</b>	
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Amount of Each Disbursement this Period 13777.79	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>C. SARAH ISGUR</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016	
Mailing Address 1020 N FAIRFAX ST STE 200		<b>Transaction ID : SB230006</b>	
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 4055.77	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Subtotal Of Receipts This Page (optional)..... 17850.56

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

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. FRANK SADLER</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		<b>Transaction ID : SB230005</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4141.87
Office Sought: <input type="checkbox"/> House <input 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>B. BRIDGET SPURLOCK</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		<b>Transaction ID : SB230007</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1335.37
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>C. XCEL HR</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 250 EXCHANGE PLACE STE B		<b>Transaction ID : SB230003</b>
City HERNDON	State VA	
Purpose of Disbursement PAYROLL SERVICE	Candidate Name	Amount of Each Disbursement this Period 1981.28
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:	Category/ Type	

**Subtotal Of Receipts This Page** (optional)..... 7458.52

**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

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. XCEL HR</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 250 EXCHANGE PLACE STE B		<b>Transaction ID : SB230004</b>
City HERNDON	State VA	
Purpose of Disbursement PAYROLL TAXES/INSURANCE	Candidate Name	Amount of Each Disbursement this Period 4660.52
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) <b>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address 1593 SPRING HILL ROAD, SUITE 400		<b>Transaction ID : SB230008</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE	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: _____		

Full Name (Last, First, Middle Initial) <b>C. RIGHTSIDE COMPLIANCE LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address PO BOX 341027		<b>Transaction ID : SB230009</b>
City AUSTIN	State TX	
Purpose of Disbursement COMPLIANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 11250.00
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: _____		

<b>Subtotal Of Receipts This Page</b> (optional).....	15935.52
<b>Total This Period</b> (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

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. FRANK SADLER</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		<b>Transaction ID : SB230010</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement TRAVEL	<input type="checkbox"/>	Amount of Each Disbursement this Period 3005.95
Candidate Name	Category/ Type	<input type="checkbox"/> 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>B. JETBLUE</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016
Mailing Address 27-01 QUEENS PLZ N		<b>Transaction ID : SB23FS001</b>
City LONG ISLAND CITY	State NY	
Purpose of Disbursement TRAVEL	<input type="checkbox"/>	Amount of Each Disbursement this Period 979.40
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> 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>C. THE RITZ CARLTON</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016
Mailing Address 4445 WILLARD AVE #800		<b>Transaction ID : SB23FS002</b>
City CHEVY CHASE	State MD	
Purpose of Disbursement TRAVEL	<input type="checkbox"/>	Amount of Each Disbursement this Period 1874.34
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> 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

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. JOHNSON STRATEGIES LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016
Mailing Address 4612 DUSIK LN		<b>Transaction ID : SB230011</b>
City AUSTIN	State TX	
Zip Code 78746	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Amount of Each Disbursement this Period 18751.33
Candidate Name	Category/Type	<input type="checkbox"/> 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>B. INTUIT</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 2700 COAST AVE		<b>Transaction ID : SB230012</b>
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement SUBSCRIPTIONS	Amount of Each Disbursement this Period 39.95
Candidate Name	Category/Type	<input type="checkbox"/> 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>C. SARAH ISGUR</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		<b>Transaction ID : SB230016</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 4055.78
Candidate Name	Category/Type	<input type="checkbox"/> 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)..... 22847.06

**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

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. FRANK SADLER</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		<b>Transaction ID : SB230015</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4141.88
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. BRIDGET SPURLOCK</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		<b>Transaction ID : SB230017</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1335.38
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. XCEL HR</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address 250 EXCHANGE PLACE STE B		<b>Transaction ID : SB230013</b>
City HERNDON	State VA	
Purpose of Disbursement PAYROLL SERVICE	Candidate Name	Amount of Each Disbursement this Period 1981.28
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:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 7458.54

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

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. XCEL HR</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address 250 EXCHANGE PLACE STE B		<b>Transaction ID : SB230014</b>
City HERNDON	State VA	
Purpose of Disbursement PAYROLL TAXES/INSURANCE	Candidate Name	Amount of Each Disbursement this Period 3736.19
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>B. BB&amp;T BANK</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 2200 WILSON BLVD STE 100		<b>Transaction ID : SB230018</b>
City ARLINGTON	State VA	
Purpose of Disbursement CREDIT CARD PAYMENT	Candidate Name	Amount of Each Disbursement this Period 19911.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 4333 AMON CARTER BLVD 5675		<b>Transaction ID : SB23CC001</b>
City FORT WORTH	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 2094.23
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: _____		

**Subtotal Of Receipts This Page** (optional)..... 23647.49

**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

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 4334 AMON CARTER BLVD 5675		<b>Transaction ID : SB23CC002</b>
City FORT WORTH	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 2939.50
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) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 4335 AMON CARTER BLVD 5675		<b>Transaction ID : SB23CC003</b>
City FORT WORTH	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 2073.60
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 201 I St NE		<b>Transaction ID : SB23CC004</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 159.00
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)..... 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

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. AVIS</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 6 SYLVAN WAY # 1		<b>Transaction ID : SB23CC005</b>
City PARSIPPANY	State NJ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 78.90
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>B. BB&amp;T BANK</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 2200 WILSON BLVD STE 100		<b>Transaction ID : SB23CC008</b>
City ARLINGTON	State VA	
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period 486.74
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>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 1275 K ST NW #1200		<b>Transaction ID : SB23CC006</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 3398.60
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)

<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

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address <b>THREE GALLERIA TOWER</b>		<b>Transaction ID : SB23CC007</b>
City <b>DALLAS</b> State <b>TX</b> Zip Code <b>75240</b>	Amount of Each Disbursement this Period 39.65	
Purpose of Disbursement <b>DELIVERY</b>	Category/Type	<input checked="" type="checkbox"/> 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>B. GOGOAIR.COM</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address <b>111 N CANAL ST SUITE 1500</b>		<b>Transaction ID : SB23CC009</b>
City <b>CHICAGO</b> State <b>IL</b> Zip Code <b>60606</b>	Amount of Each Disbursement this Period 85.85	
Purpose of Disbursement <b>INTERNET SERVICES</b>	Category/Type	<input checked="" type="checkbox"/> 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>C. HILTON</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address <b>7930 JONES BRANCH DR #1100</b>		<b>Transaction ID : SB23CC010</b>
City <b>MCLEAN</b> State <b>VA</b> Zip Code <b>22102</b>	Amount of Each Disbursement this Period 593.26	
Purpose of Disbursement <b>TRAVEL</b>	Category/Type	<input checked="" type="checkbox"/> 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

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HOTEL HERSHEY</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 100 HOTEL RD		<b>Transaction ID : SB23CC016</b>
City HERSHEY	State PA	
Zip Code 17033	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 730.38
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> 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>B. HYATT</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 9805 Q STREET		<b>Transaction ID : SB23CC011</b>
City OMAHA	State NE	
Zip Code 68127	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 7.78
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> 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>C. LIMOLINK, INC</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 701 TAMA ST BLDG A		<b>Transaction ID : SB23CC012</b>
City MARION	State IA	
Zip Code 52302	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 2266.70
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> 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

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. MAXWELLS</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 59 READE ST		<b>Transaction ID : SB23CC013</b>
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 220.03
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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>B. RENDEZ-VOUS LIMOUSINE</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 5601 SEMINARY ROAD, APT 2112		<b>Transaction ID : SB23CC015</b>
City FALLS CHURCH	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 824.93
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>C. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 2702 LOVE FIELD DR		<b>Transaction ID : SB23CC017</b>
City DALLAS	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1090.44
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: _____	

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

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. THE PHOENICIAN</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 6000 E CAMELBACK RD		Transaction ID : <b>SB23CC014</b>
City SCOTTSDALE	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1404.22
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: _____		

Full Name (Last, First, Middle Initial) <b>B. THE RITZ CARLTON</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 4445 WILLARD AVE #800		Transaction ID : <b>SB23CC018</b>
City CHEVY CHASE	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1152.14
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: _____		

Full Name (Last, First, Middle Initial) <b>C. UBER</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 1455 MARKET ST		Transaction ID : <b>SB23CC019</b>
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 472.68
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: _____		

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

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address PO BOX 06649		Transaction ID : <b>SB23CC020</b>
City CHICAGO	State IL Zip Code 60606	
Purpose of Disbursement REFUND-TRAVEL	Category/Type	Amount of Each Disbursement this Period -665.11
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> 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>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>Subtotal Of Receipts This Page</b> (optional).....	0.00
<b>Total This Period</b> (last page this line number only).....	98203.64

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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)  
**CARLY FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. CARLY FOR AMERICA</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016
Mailing Address 700 S WASHINGTON ST STE 310		Transaction ID : <b>SB290001</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 250000.00	
Purpose of Disbursement TRANSFER	Candidate Name	<input type="checkbox"/> 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>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	Candidate Name	<input type="checkbox"/> 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>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	Candidate Name	<input type="checkbox"/> 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)..... 250000.00

Total This Period (last page this line number only)..... 250000.00