

**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 type="checkbox"/> 22	<input checked="" 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)  
**CARLY FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FIGHTIN' NINTH POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 71596

City  
RICHMOND

State  
VA

Zip Code  
23255

Purpose of Disbursement  
CONTRIBUTION

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	9		2	0	1	6

FEC Identification Number

**C** C00520841

**Transaction ID : SB23.I7448**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. GARRETT VICTORY FUND**

Mailing Address P.O. BOX 26141

City  
ALEXANDRIA

State  
VA

Zip Code  
22213

Purpose of Disbursement

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	6

FEC Identification Number

**C** C00622589

**Transaction ID : SB23.I7454**

Amount of Each Disbursement this Period

1	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**C. GOOD FUND, THE**

Mailing Address PO BOX 6572

City  
SPRINGFIELD

State  
VA

Zip Code  
22150

Purpose of Disbursement  
CONTRIBUTION

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	9		2	0	1	6

FEC Identification Number

**C** C00409185

**Transaction ID : SB23.I7447**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item

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

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

1	5	0	0	0	0
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