

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
TAYLOR GRIFFIN FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	49267.00	272136.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	49267.00	271636.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	144245.28	215457.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	1740.00	3046.76
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	142505.28	212411.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	59224.99	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	9080.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

TAYLOR GRIFFIN FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	41687.00	225937.00
(ii) Unitemized.....	3080.00	6199.00
(iii) TOTAL of contributions from individuals ▶	44767.00	232136.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4500.00	40000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	49267.00	272136.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1740.00	3046.76
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	51007.00	275182.76

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	144245.28	215457.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	144245.28	215957.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	152463.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	51007.00
25. SUBTOTAL (add Line 23 and Line 24).....	203470.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	144245.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	59224.99

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LAURA ELIZABETH ARTH

Mailing Address 3101 N HAMPTON DR
APT 618

City State Zip Code
ALEXANDRIA VA 22302

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

Name of Employer Occupation
AMERICAN HOTEL AND LODGING ASSOCIAT CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SA11AI.1024

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HENRY C BABB JR.

Mailing Address 1108 WINDEMERE DR NW

City State Zip Code
WILSON NC 27896

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 10 / 2016

Transaction ID : SA11AI.1007

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ELIZABETH BAIRD

Mailing Address 8023 OLD DOMINION DRIVE

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation
MORGAN LEWIS AND BOCKIUS ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 04 / 2016

Transaction ID : SA11AI.967

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 6 OF 45
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM T BARNETT

Mailing Address 1775 GRAHAM AVENUE
SUITE 201

City Henderson State NC Zip Code 27536

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

Name of Employer BARNETT PROPERTIES INC Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.1197

Amount of Each Receipt this Period
1000.00

Memo Item
IN-KIND: OFFICE RENT

B. Full Name (Last, First, Middle Initial)
WILLIAM E. BERRY

Mailing Address 19012 BRIGADOON PL

City CORNELIUS State NC Zip Code 28031

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016

Transaction ID : SA11AI.991

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SIDNEY BRESLER

Mailing Address 5836 MOSSROCK DR

City ROCKVILLE State MD Zip Code 20852

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2016

Transaction ID : SA11AI.975

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NORMAN BROWNSTEIN

Mailing Address 410 17TH ST, #2200

City DENVER State CO Zip Code 80202

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

Name of Employer BROWNSTEIN HYATT FARBER SCHRECK Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2016

Transaction ID : SA11AI.972

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 187 OCEAN DRIVE

City NEWPORT State NC Zip Code 28570

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

Name of Employer SELF EMPLOYED Occupation LANDSCAPING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016

Transaction ID : SA11AI.940

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PAGE B CURTIN

Mailing Address 700 OAK KNOLL LANE

City MENLO PARK State CA Zip Code 94025

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2016

Transaction ID : SA11AI.994

Amount of Each Receipt this Period
250.00

Memo Item

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM CURTIN

Mailing Address 3 PRIMROSE ST

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer Occupation
HOGAN LOVELLS US LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016

Transaction ID : SA11AI.928

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MELISSA A EHLERS

Mailing Address 209 GLENN ABBY DR.

City State Zip Code
MOREHEAD CITY NC 28557

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

Name of Employer Occupation
COLDSTONE CREAMERY OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2016

Transaction ID : SA11AI.938

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JETT FEREBEE

Mailing Address PO BOX 10

City State Zip Code
WAVES NC 27968

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.1033

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILEY D FORBES JR.

Mailing Address 1013 FRONT ST.
UNIT 103

City BEAUFORT State NC Zip Code 28516

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016

Transaction ID : SA11AI.988

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WILLIAM J. FOX

Mailing Address 2000 CORTEYOU RD

City CHARLOTTE State NC Zip Code 28211

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

Name of Employer BANK OF AMERICA Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.1040

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THEODORE H FRANK

Mailing Address 1302 WAUGH DR.
#830

City HOUSTON State TX Zip Code 77019

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

Name of Employer CEI Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : SA11AI.978

Amount of Each Receipt this Period
900.00

Memo Item

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

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

2400.00

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

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

FOR LINE NUMBER: PAGE 10 OF 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ELISABETH B. FRIEDMAN

Mailing Address 18511 VIBURNUM WAY

City State Zip Code
OLNEY MD 20832

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.980

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
DOUGLAS R. GALLANT

Mailing Address 106 KEMBERLY CT

City State Zip Code
JACKSONVILLE NC 28540

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.987

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
DOUGLAS R. GALLANT

Mailing Address 106 KEMBERLY CT

City State Zip Code
JACKSONVILLE NC 28540

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.1029

Amount of Each Receipt this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 11 OF 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANNIE GARDNER

Mailing Address **2708 BEDFORD AVE.**

City **RALEIGH** State **NC** Zip Code **27607**

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

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11AI.1030

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DENISE GITSHAM

Mailing Address **721A CAMINO DEL MAR**

City **DEL MAR** State **CA** Zip Code **92014**

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

Name of Employer **7 SECOND STRATEGIES** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.1039

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PETER GRIMES

Mailing Address **155 LESLIE DRIVE**

City **HUBERT** State **NC** Zip Code **28539**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1678.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 25 / 2016

Transaction ID : SA11AI.925

Amount of Each Receipt this Period
1678.00

Memo Item
IN-KIND:EVENT CATERING

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

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

4878.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PETER GWALTNEY

Mailing Address **8420 NORMAN ESTATES WAY**

City **RALEIGH** State **NC** Zip Code **27613**

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

Name of Employer **NCBA** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.1026

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MARK HANLEY

Mailing Address **833 22ND ST. S**

City **ARLINGTON** State **VA** Zip Code **22202**

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

Name of Employer **ANADARKO** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SA11AI.1023

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CARRI HONDROULIS

Mailing Address **5821 BAYBERRY LANE**

City **RALEIGH** State **NC** Zip Code **27612**

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

Name of Employer **ACCOUNT MANAGER** Occupation **CISCO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.1035

Amount of Each Receipt this Period
100.00

Memo Item

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

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

850.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 13 OF 45

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TRISH HOROWITZ

Mailing Address 106 NORTH CHERRY STREET

City Falls Church State VA Zip Code 22046

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

Name of Employer FINANCIAL SERVICES FORUM Occupation EXECUTIVE MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **398.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016

Transaction ID : SA11AI.964

Amount of Each Receipt this Period
 199.00

Memo Item

B. Full Name (Last, First, Middle Initial)
RICHARD J HUNT

Mailing Address 312 N FAIRFAX ST.

City Alexandria State VA Zip Code 22314

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

Name of Employer CONSUMER BANKERS ASSOCIATION Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2016

Transaction ID : SA11AI.997

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ADAM INGOLS

Mailing Address 904 N OVERLOOK DR

City Alexandria State VA Zip Code 22305

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

Name of Employer DARYL OWEN ASSOCIATES Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2016

Transaction ID : SA11AI.968

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

949.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BRIAN M. JOHNSON

Mailing Address 751 PST NW
#10

City WASHINGTON State DC Zip Code 20001

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

Name of Employer AMERICAN PETROLIUM INSTITUTE Occupation PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11AI.1022

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THOMAS KAPLAN

Mailing Address 535 MADISON AVENUE

City NEW YORK State NY Zip Code 10022

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

Name of Employer THE ELECTRUM GROUP Occupation CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016

Transaction ID : SA11AI.962

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JOHN KELLEY

Mailing Address 3227 TENNYSON ST NW

City WASHINGTON State DC Zip Code 20015

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

Name of Employer LIVE OAK BANK Occupation VP OF STRATEGY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2016

Transaction ID : SA11AI.992

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

5900.00

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

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

FOR LINE NUMBER: PAGE 15 OF 45
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVID LUCHT

Mailing Address 5612 MAXWELL PLACE

City State Zip Code
WILMINGTON NC 28409

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

Name of Employer Occupation
LIVE OAK BANK BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11A1.985

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JEB MASON

Mailing Address 5503 MERCEDES LANE

City State Zip Code
DALLAS TX 75206

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

Name of Employer Occupation
THE CYPRESS GROUP CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : SA11A1.998

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CHESTON MIZEL

Mailing Address 9107 MONTE MAR DR

City State Zip Code
LOS ANGELES CA 90035

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

Name of Employer Occupation
CVENTURES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : SA11A1.937

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 16 OF 45
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

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

Mailing Address 4350 S MONACO ST

City State Zip Code
DENVER CO 80237

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

Name of Employer Occupation
RICHMOND AMERICAN HOMES CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : SA11AI.983

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JOSEPH MURPHEY

Mailing Address 857 GULL POINT RD

City State Zip Code
WILMINGTON NC 28405

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

Name of Employer Occupation
LIVE OAK BANK MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : SA11AI.1005

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JIMMY NEIL

Mailing Address 403 SUMMER REST RD

City State Zip Code
WILMINGTON NC 28405

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

Name of Employer Occupation
LIVE OAK BANK MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : SA11AI.1003

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

3700.00

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

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

FOR LINE NUMBER: PAGE 17 OF 45
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

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

Mailing Address 403 S LINCOLN ST STE 4

City State Zip Code
PORT ANGLLES WA 98362

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

Name of Employer Occupation
CLALLAM COUNTY ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2016

Transaction ID : SA11AI.996

Amount of Each Receipt this Period
 350.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CLAIRE PARKER

Mailing Address 4881 POTOMAC AVE NW

City State Zip Code
WASHINGTON DC 20007

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

Name of Employer Occupation
CB COMMUNICATIONS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : SA11AI.936

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
TED PARKER

Mailing Address 1827 PEMBROKE JONES DR

City State Zip Code
WILMINGTON NC 28405

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

Name of Employer Occupation
LIVE OAK BANK BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : SA11AI.1001

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THURMAN RANN PAYNTER

Mailing Address PO BOX 13124

City LANSING State MI Zip Code 48901

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

Name of Employer CEO Occupation MICHIGAN BANKERS ASSOCIATION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.1034

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JAMES RICKARDS

Mailing Address 18 GREAT ISLAND

City DARIEN State CT Zip Code 06820

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

Name of Employer WEST SHORE FUNDS Occupation INVESTMENT ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 28 / 2016

Transaction ID : SA11AI.993

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JAMES RICKARDS

Mailing Address 18 GREAT ISLAND

City DARIEN State CT Zip Code 06820

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

Name of Employer WEST SHORE FUNDS Occupation INVESTMENT ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.1037

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 19 OF 45
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KARL ROVE

Mailing Address 1408 CIRCLE RIDGE DR

City State Zip Code
AUSTIN TX 78746

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

Name of Employer Occupation
SELF-EMPLOYED WRITER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.1020

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GRAYSON RUSSELL

Mailing Address 806 N BOYLAN AVE

City State Zip Code
RALEIGH NC 27605

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

Name of Employer Occupation
MORRIS, RUSSELL, EAGLE & WORLEY, PLLC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2016

Transaction ID : SA11AI.917

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LINWOOD H SCOTT

Mailing Address 7757 OSCAR LOOP

City State Zip Code
LUCAMA NC 27851

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

Name of Employer Occupation
SCOTT FARMS FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : SA11AI.1008

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STEVE SMITS

Mailing Address 1925 S LIVE OAK PKWY

City State Zip Code
WILMINGTON NC 28403

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

Name of Employer Occupation
LIVE OAK BANK CREDIT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016

Transaction ID : SA11AI.986

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GRAY SWINDELL

Mailing Address 695 CRUMP FARM RD

City State Zip Code
NEW BERN NC 28562

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

Name of Employer Occupation
RIVERSIDE FORD CAR DEALER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.1042

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GREG THOMPSON

Mailing Address 200 LAKE MANOR RD

City State Zip Code
CHAPEL HILL NC 27516

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

Name of Employer Occupation
LIVE OAK BANK COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : SA11AI.1002

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES F TYSON JR

Mailing Address 4507 W FAIRWAY DR

City State Zip Code
NEW BERN NC 28562

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

Name of Employer Occupation
TYSON AND HOOKS REALTY INC REALTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 01 / 2016

Transaction ID : SA11AI.932

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WILLIAM L. WILLIAMS

Mailing Address 2114 S CANTERBURY RD

City State Zip Code
WILMINGTON NC 28403

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

Name of Employer Occupation
LIVE OAK BANK VICE CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : SA11AI.989

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NEAL WILSON

Mailing Address 2107 WILSON BLVD SUITE 410

City State Zip Code
ARLINGTON VA 22201

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

Name of Employer Occupation
EJF CAPITAL COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 04 / 2016

Transaction ID : SA11AI.966

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 22 OF 45
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TIMOTHY K YOUNG

Mailing Address 609 - 10TH ST. NE

City WASHINGTON State DC Zip Code 20002

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

Name of Employer DELOITTE CONSULTING Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.1190

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

500.00

41687.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 45
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION FEDERAL PAC

Mailing Address 1455 PENNSYLVANIA AVE, SUITE 950
DC8-455-09-01

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00364778**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2016

Transaction ID : SA11C.934

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BRIDGEPOINT EDUCATION INC. PAC

Mailing Address 13500 EVENING CREEK DR. NORTH
SUITE 600

City SAN DIEGO State CA Zip Code 92128

FEC ID number of contributing federal political committee. **C C00478404**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : SA11C.1006

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CITIGROUP PAC-FEDERAL

Mailing Address 1101 PENNSYLVANIA AVE NW STE 1000

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11C.1048

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

4500.00

4500.00

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

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

FOR LINE NUMBER: PAGE 24 OF 45
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NORTH CAROLINA BOARD OF ELECTIONS

Mailing Address PO BOX 27255

City RALEIGHT State NC Zip Code 27611

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA14.1025

Amount of Each Receipt this Period
 1740.00

Memo Item
 REFUND OF FILING FEES REPORTED 12/2/2015

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

1740.00

1740.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016	
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 74.39	
City ATLANTA	State GA	Zip Code 30303	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PAYROLL FEES		Category/Type 001		
Candidate Name			Transaction ID : SB17.1051	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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. ADP			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016	
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 513.66	
City ATLANTA	State GA	Zip Code 30303	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PAYROLL TAXES		Category/Type 001		
Candidate Name			Transaction ID : SB17.1052	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. ADP			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016	
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 1307.18	
City ATLANTA	State GA	Zip Code 30303	Memo Item <input type="checkbox"/>	
Purpose of Disbursement SEE MEMO ENTRY		Category/Type 001		
Candidate Name			Transaction ID : SB17.1053	
Office Sought: <input type="checkbox"/> House <input 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 Disbursements This Page (optional).....	1895.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JEFF HAUSER			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016		
Mailing Address 310 VILLAGE GREEN DRIVE			Amount of Each Disbursement this Period 1307.18		
City TRENT WOODS	State NC	Zip Code 28562	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.1054		
Purpose of Disbursement SALARY		Category/ Type 001			
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. ADP			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016		
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 10.50		
City ATLANTA	State GA	Zip Code 30303	<input type="checkbox"/> Memo Item Transaction ID : SB17.1055		
Purpose of Disbursement PAYROLL FEES		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. ADP			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016		
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 74.39		
City ATLANTA	State GA	Zip Code 30303	<input type="checkbox"/> Memo Item Transaction ID : SB17.1056		
Purpose of Disbursement PAYROLL FEES		Category/ Type 001			
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 Disbursements This Page (optional).....	84.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP			Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 1307.18
City ATLANTA	State GA	Zip Code 30303	
Purpose of Disbursement SEE MEMO ENTRY		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			Transaction ID : SB17.1057
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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. JEFF HAUSER			Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 310 VILLAGE GREEN DRIVE			Amount of Each Disbursement this Period 1307.17
City TRENT WOODS	State NC	Zip Code 28562	
Purpose of Disbursement SALARY		Category/ Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name			Transaction ID : SB17.1058
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. ADP			Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 513.66
City ATLANTA	State GA	Zip Code 30303	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			Transaction ID : SB17.1059
Office Sought: <input type="checkbox"/> House <input 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 Disbursements This Page (optional).....	1820.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 56 MARIETTA STREET		Amount of Each Disbursement this Period 25.00
City ATLANTA State GA Zip Code 30303	Purpose of Disbursement PAYROLL FEES 001 Category/Type	
Candidate Name		<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)	Transaction ID : SB17.1060
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 56 MARIETTA STREET		Amount of Each Disbursement this Period 74.39
City ATLANTA State GA Zip Code 30303	Purpose of Disbursement PAYROLL FEES 001 Category/Type	
Candidate Name		<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)	Transaction ID : SB17.1068
State: District:		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2016
Mailing Address 56 MARIETTA STREET		Amount of Each Disbursement this Period 1307.18
City ATLANTA State GA Zip Code 30303	Purpose of Disbursement SEE MEMO ENTRY 001 Category/Type	
Candidate Name		<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)	Transaction ID : SB17.1069
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1406.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JEFF HAUSER		Date of Disbursement MM / DD / YYYY 02 / 11 / 2016
Mailing Address 310 VILLAGE GREEN DRIVE		Amount of Each Disbursement this Period 1307.18
City TRENT WOODS	State NC	
Zip Code 28562	Purpose of Disbursement SALARY	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.1070
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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. ADP		Date of Disbursement MM / DD / YYYY 02 / 11 / 2016
Mailing Address 56 MARIETTA STREET		Amount of Each Disbursement this Period 513.66
City ATLANTA	State GA	
Zip Code 30303	Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.1071
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 56 MARIETTA STREET		Amount of Each Disbursement this Period 74.39
City ATLANTA	State GA	
Zip Code 30303	Purpose of Disbursement PAYROLL FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.1072
Office Sought: <input type="checkbox"/> House <input 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 Disbursements This Page (optional).....	588.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP			Date of Disbursement MM / DD / YYYY 02 / 26 / 2016		
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 1307.18		
City ATLANTA	State GA	Zip Code 30303	Memo Item <input type="checkbox"/>		
Purpose of Disbursement SEE MEMO ENTRY		Category/Type 001			
Candidate Name			Transaction ID : SB17.1073		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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. JEFF HAUSER			Date of Disbursement MM / DD / YYYY 02 / 26 / 2016		
Mailing Address 310 VILLAGE GREEN DRIVE			Amount of Each Disbursement this Period 1307.18		
City TRENT WOODS	State NC	Zip Code 28562	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement SALARY		Category/Type 001			
Candidate Name			Transaction ID : SB17.1074		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. ADP			Date of Disbursement MM / DD / YYYY 02 / 26 / 2016		
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 513.66		
City ATLANTA	State GA	Zip Code 30303	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PAYROLL FEES		Category/Type 001			
Candidate Name			Transaction ID : SB17.1075		
Office Sought: <input type="checkbox"/> House <input 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 Disbursements This Page (optional).....	1820.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 56 MARIETTA STREET		Amount of Each Disbursement this Period 505.66
City ATLANTA State GA Zip Code 30303	Purpose of Disbursement PAYROLL TAXES 001	
Candidate Name		<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)	Transaction ID : SB17.1088
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 56 MARIETTA STREET		Amount of Each Disbursement this Period 1307.18
City ATLANTA State GA Zip Code 30303	Purpose of Disbursement SEE MEMO ENTRIES 001	
Candidate Name		<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)	Transaction ID : SB17.1089
State: District:		

Full Name (Last, First, Middle Initial) C. JEFF HAUSER		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 310 VILLAGE GREEN DRIVE		Amount of Each Disbursement this Period 1307.18
City TRENT WOODS State NC Zip Code 28562	Purpose of Disbursement SALARY 001	
Candidate Name		<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)	Transaction ID : SB17.1090
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1812.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016		
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 1307.18		
City ATLANTA	State GA	Zip Code 30303	Memo Item <input type="checkbox"/>		
Purpose of Disbursement SEE MEMO ENTRY		Category/Type 001			
Candidate Name			Transaction ID : SB17.1091		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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. JEFF HAUSER			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016		
Mailing Address 310 VILLAGE GREEN DRIVE			Amount of Each Disbursement this Period 1307.18		
City TRENT WOODS	State NC	Zip Code 28562	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement SALARY		Category/Type 001			
Candidate Name			Transaction ID : SB17.1092		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. ADP			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016		
Mailing Address 56 MARIETTA STREET			Amount of Each Disbursement this Period 503.66		
City ATLANTA	State GA	Zip Code 30303	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PAYROLL TAXES		Category/Type 001			
Candidate Name			Transaction ID : SB17.1093		
Office Sought: <input type="checkbox"/> House <input 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 Disbursements This Page (optional).....	1810.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALPHAGRAPHICS			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016		
Mailing Address 301 ASHVILLE AVE SUITE 121			Amount of Each Disbursement this Period 242.92		
City CARY	State NC	Zip Code 27518	<input type="checkbox"/> Memo Item		
Purpose of Disbursement PRINTING		Category/ Type 001	Transaction ID : SB17.948		
Candidate Name					
Office Sought:	House Senate 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. ALPHAGRAPHICS			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016		
Mailing Address 301 ASHVILLE AVE SUITE 121			Amount of Each Disbursement this Period 846.82		
City CARY	State NC	Zip Code 27518	<input type="checkbox"/> Memo Item		
Purpose of Disbursement PRINTING		Category/ Type 001	Transaction ID : SB17.1014		
Candidate Name					
Office Sought:	House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016		
Mailing Address 5555 HILTON AVE STE 106			Amount of Each Disbursement this Period 253.15		
City BATON ROGUE	State LA	Zip Code 70808	<input type="checkbox"/> Memo Item		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.1061		
Candidate Name					
Office Sought:	House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1342.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement MM / DD / YYYY 02 / 17 / 2016
Mailing Address 5555 HILTON AVE STE 106		Amount of Each Disbursement this Period 485.20
City BATON ROGUE	State LA	
Zip Code 70808	Purpose of Disbursement CC TRANSACTION FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.1076
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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. ANEDOT		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 5555 HILTON AVE STE 106		Amount of Each Disbursement this Period 808.08
City BATON ROGUE	State LA	
Zip Code 70808	Purpose of Disbursement CC TRANSACTION FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.1094
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WILLIAM T BARNETT		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address 1775 GRAHAM AVENUE SUITE 201		Amount of Each Disbursement this Period 1000.00
City HENDERSON	State NC	
Zip Code 27536	Purpose of Disbursement IN-KIND: OFFICE RENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.1198
Office Sought: <input type="checkbox"/> House <input 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 Disbursements This Page (optional).....	2293.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BENDER APPAREL AND SIGNS			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016	
Mailing Address 1841 OLD AIRPORT ROAD			Amount of Each Disbursement this Period 204.96	
City NEW BERN	State NC	Zip Code 28562	<input type="checkbox"/> Memo Item	
Purpose of Disbursement PRINTING		Candidate Name	Transaction ID : SB17.1062	
Category/Type 001				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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. BOBBY VAN'S			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016	
Mailing Address 809 15TH ST NW			Amount of Each Disbursement this Period 411.00	
City WASHINGTON	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item	
Purpose of Disbursement EVENT CATERING		Candidate Name	Transaction ID : SB17.1096	
Category/Type 001				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. CITY OF NEW BERN			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016	
Mailing Address 606 FORT TOTTEN DR			Amount of Each Disbursement this Period 622.00	
City NEW BERN	State NC	Zip Code 28563	<input type="checkbox"/> Memo Item	
Purpose of Disbursement UTILITIES		Candidate Name	Transaction ID : SB17.952	
Category/Type 001				
Office Sought: <input type="checkbox"/> House <input 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 Disbursements This Page (optional).....	1237.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CRAVEN COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016
Mailing Address PO BOX 13466		Amount of Each Disbursement this Period 400.00
City NEW BERN	State NC	Zip Code 28561
Purpose of Disbursement EVENT SPONSORSHIP	Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name CRAVEN COUNTY REPUBLICAN PARTY	Transaction ID : SB17.920	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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. ELECTEK		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 4017 WASHINGTON ROAD STE 164		Amount of Each Disbursement this Period 600.00
City CANNONSBURG	State PA	Zip Code 15317
Purpose of Disbursement SOFTWARE	Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.923	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. ELECTEK		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 4017 WASHINGTON ROAD STE 164		Amount of Each Disbursement this Period 600.00
City CANNONSBURG	State PA	Zip Code 15317
Purpose of Disbursement SOFTWARE	Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.947	
Office Sought: <input type="checkbox"/> House <input 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 Disbursements This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ELECTEK		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 4017 WASHINGTON ROAD STE 164		Amount of Each Disbursement this Period 1200.00
City CANNONSBURG State PA Zip Code 15317	Purpose of Disbursement SOFTWARE Category/Type 001	
Candidate Name		<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)	Transaction ID : SB17.1011
State: District:		

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016
Mailing Address 942 S SHADY GROVE RD		Amount of Each Disbursement this Period 51.78
City MEMPHIS State TN Zip Code 38120	Purpose of Disbursement SHIPPING Category/Type 001	
Candidate Name		<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)	Transaction ID : SB17.1079
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016
Mailing Address 942 S SHADY GROVE RD		Amount of Each Disbursement this Period 25.10
City MEMPHIS State TN Zip Code 38120	Purpose of Disbursement SHIPPING Category/Type 001	
Candidate Name		<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)	Transaction ID : SB17.1098
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1276.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PETER GRIMES		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016
Mailing Address 155 LESLIE DRIVE		Amount of Each Disbursement this Period 1678.00
City HUBERT	State NC Zip Code 28539	
Purpose of Disbursement IN-KIND:EVENT CATERING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.926	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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. JOHN HACKNEY AGENCY LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016
Mailing Address 3700 NASH STREET N		Amount of Each Disbursement this Period 300.00
City WILSON	State NC Zip Code 27894	
Purpose of Disbursement INSURANCE	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.927	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NORTH CAROLINA BOARD OF ELECTIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address PO BOX 27255		Amount of Each Disbursement this Period 1740.00
City RALEIGHT	State NC Zip Code 27611	
Purpose of Disbursement FILING FEES	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.1015	
Office Sought: <input type="checkbox"/> House <input 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 Disbursements This Page (optional).....	3718.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ON MESSAGE INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016
Mailing Address 815 SLATERS LN FIRST FLOOR		Amount of Each Disbursement this Period 3200.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLLING 001	
Candidate Name		<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)	Transaction ID : SB17.922
State: District:		

Full Name (Last, First, Middle Initial) B. ON MESSAGE INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 815 SLATERS LN FIRST FLOOR		Amount of Each Disbursement this Period 7068.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLLING 001	
Candidate Name		<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)	Transaction ID : SB17.919
State: District:		

Full Name (Last, First, Middle Initial) C. ON MESSAGE INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 815 SLATERS LN FIRST FLOOR		Amount of Each Disbursement this Period 2972.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLLING 001	
Candidate Name		<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)	Transaction ID : SB17.918
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13240.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ON MESSAGE INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 815 SLATERS LN FIRST FLOOR		Amount of Each Disbursement this Period 31392.00
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MEDIA BUY	Candidate Name	<input type="checkbox"/> Memo Item
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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. ON MESSAGE INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 815 SLATERS LN FIRST FLOOR		Amount of Each Disbursement this Period 1000.00
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement ADVERTISING	Candidate Name	<input type="checkbox"/> Memo Item
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ON MESSAGE INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 815 SLATERS LN FIRST FLOOR		Amount of Each Disbursement this Period 21475.00
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MEDIA BUY	Candidate Name	<input type="checkbox"/> Memo Item
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input 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 Disbursements This Page (optional).....	53867.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ON MESSAGE INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address 815 SLATERS LN FIRST FLOOR		Amount of Each Disbursement this Period 33985.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MEDIA BUY 001 Category/Type	
Candidate Name		<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)	Transaction ID : SB17.973
State: District:		

Full Name (Last, First, Middle Initial) B. ON MESSAGE INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2016
Mailing Address 815 SLATERS LN FIRST FLOOR		Amount of Each Disbursement this Period 4000.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement ADVERTISING 001 Category/Type	
Candidate Name		<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)	Transaction ID : SB17.976
State: District:		

Full Name (Last, First, Middle Initial) C. ONSLOW COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2016
Mailing Address 550 CHIEF COURT		Amount of Each Disbursement this Period 710.00
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement EVENT SPONSORSHIP 001 Category/Type	
Candidate Name ONSLow COUNTY REPUBLICAN PARTY		<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)	Transaction ID : SB17.971
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	38695.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX INC			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016		
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 103.50		
City SAN FRANCISCO	State CA	Zip Code 94105	<input type="checkbox"/> Memo Item Transaction ID : SB17.1065		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001			
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. PROFESSIONAL DATA SERVICES			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016		
Mailing Address 824 S MILLEDGE AVENUE SUITE 101			Amount of Each Disbursement this Period 1533.24		
City ATHENS	State GA	Zip Code 30605	<input type="checkbox"/> Memo Item Transaction ID : SB17.924		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. PROFESSIONAL DATA SERVICES			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016		
Mailing Address 824 S MILLEDGE AVENUE SUITE 101			Amount of Each Disbursement this Period 1527.63		
City ATHENS	State GA	Zip Code 30605	<input type="checkbox"/> Memo Item Transaction ID : SB17.921		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001			
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 Disbursements This Page (optional).....	3164.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PROFESSIONAL DATA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 824 S MILLEDGE AVENUE SUITE 101		Amount of Each Disbursement this Period 1860.78
City ATHENS State GA Zip Code 30605	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.946
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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. PROFESSIONAL DATA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 824 S MILLEDGE AVENUE SUITE 101		Amount of Each Disbursement this Period 1629.57
City ATHENS State GA Zip Code 30605	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.1012
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SEDC		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 100 ASHFORD CENTER N		Amount of Each Disbursement this Period 461.42
City ATLANTA State GA Zip Code 30338	Purpose of Disbursement UTILITIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.1102
Office Sought: <input type="checkbox"/> House <input 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 Disbursements This Page (optional).....	3951.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SUDDENLINK		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address PO BOX 660365		Amount of Each Disbursement this Period 880.52
City DALLAS State TX Zip Code 75266	Purpose of Disbursement INTERNET AND PHONE SERVICE	
Candidate Name	Category/Type 001	<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)	Transaction ID : SB17.1009
State: District:		

Full Name (Last, First, Middle Initial) B. TARGETED CREATIVE COMMUNICATIONS		Date of Disbursement MM / DD / YYYY 03 / 08 / 2016
Mailing Address 106 S COLUMBUS ST		Amount of Each Disbursement this Period 5747.88
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement CAMPAIGN SIGNS	
Candidate Name	Category/Type 001	<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)	Transaction ID : SB17.1013
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
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 Disbursements This Page (optional).....	6628.40
TOTAL This Period (last page this line number only).....	142255.65

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ON MESSAGE INC.

Mailing Address 815 SLATERS LN
 FIRST FLOOR

City State Zip Code
 ALEXANDRIA VA 22314

Nature of Debt (Purpose):
 MEDIA CONSULTING

Outstanding Balance Beginning This Period	Transaction ID : SD10.1	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="9080.00"/>	<input type="text" value="0.00"/>	<input type="text" value="9080.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="9080.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="9080.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="9080.00"/>