

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Thomas Massie for Congress

ADDRESS (number and street) ▼

PO Box 821

Check if different than previously reported. (ACC)

Newport

KY

41072

2. **FEC IDENTIFICATION NUMBER** ▼

C C00509729

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

KY

04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

Type or Print Name of Treasurer Kevin Broghamer

Signature of Treasurer Kevin Broghamer

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Thomas Massie 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))....	<input type="text" value="26940.32"/>	<input type="text" value="39350.48"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="26940.32"/>	<input type="text" value="39350.48"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="23611.68"/>	<input type="text" value="93951.63"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="269.94"/>	<input type="text" value="1969.94"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="23341.74"/>	<input type="text" value="91981.69"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="194687.78"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	

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

Thomas Massie for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2015 To: M M / D D / Y Y Y Y 06 / 30 / 2015

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).....	10400	21600
(ii) Unitemized	1340.32	1550.48
(iii) TOTAL of contributions from individuals	11740.32	23150.48
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	15200	16200
(d) The Candidate	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	26940.32	39350.48
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	269.94	1969.94
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	27210.26	41320.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23611.68	93951.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS	6000	6000
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	29611.68	99951.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	197089.2
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	27210.26
25. SUBTOTAL (add Line 23 and Line 24).....	224299.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29611.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	194687.78

**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 27
	<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)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
D.M.C. Holdings LTD. CO

Mailing Address 8800 Bankers Street
Suite 3

City Florence State KY Zip Code 41042-4222

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : A-CF6578

Amount of Each Receipt this Period
 500

See Attribution

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

B. Full Name (Last, First, Middle Initial)
Richard D. Crist

Mailing Address 8800 Bankers Street
Suite 3

City Florence State KY Zip Code 41042-4222

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

Name of Employer Occupation
DMC Holdings Contractor/Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : A-PIP18

Amount of Each Receipt this Period
 500

See Attribution

[MEMO ITEM]
Partnership Itemization Memo

C. Full Name (Last, First, Middle Initial)
Nathan Dulaney Bachman

Mailing Address 7824 Laurel Avenue

City Cincinnati State OH Zip Code 45243-2609

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

Name of Employer Occupation
Bachman Group Investments

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2015

Transaction ID : A-CF6549

Amount of Each Receipt this Period
 2700

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

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

3200.00

**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 27
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Nathan Dulaney Bachman

Mailing Address 7824 Laurel Avenue

City State Zip Code
Cincinnati OH 45243-2609

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

Name of Employer Occupation
Bachman Group Investments

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 22 / 2015

Transaction ID : A-CF6550

Amount of Each Receipt this Period
2700

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

Mailing Address 100 E Rivercenter Boulevard
Suite 1000

City State Zip Code
Covington KY 41011-1507

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 22 / 2015

Transaction ID : A-CF6546

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Jo Ann Knock

Mailing Address PO Box 710

City State Zip Code
Union KY 41091-0710

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

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

Transaction ID : A-CF6588

Amount of Each Receipt this Period
2000

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

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

5200.00

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

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

FOR LINE NUMBER: PAGE 7 OF 27
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Richard Knock

Mailing Address **PO Box 710**

City **Union** State **KY** Zip Code **41091-0710**

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

Name of Employer **Knock Industries** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000**

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

Transaction ID : A-CF6589

Amount of Each Receipt this Period
2000

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

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

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

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

2000.00

10400.00

**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 27
	<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)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
American Commercial Lines Inc. PAC

Mailing Address 1701 E Market Street

City Jeffersonville State IN Zip Code 47130-4717

FEC ID number of contributing federal political committee. **C C00418269**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

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

Transaction ID : A-CF6652

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
BNSF Railway Company RAILPAC

Mailing Address PO Box 961039

City Fort Worth State TX Zip Code 76161-0039

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A-CF6583

Amount of Each Receipt this Period
1500

C. Full Name (Last, First, Middle Initial)
Covington And Burling LLP PAC

Mailing Address 1201 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-2401

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A-CF6582

Amount of Each Receipt this Period
2500

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 9 OF 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Duke Energy Corporation PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 S Tryon Street
 City State Zip Code
 Charlotte NC 28202-4200
 FEC ID number of contributing federal political committee. **C C00083535**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2015
Transaction ID : A-CF6526
 Amount of Each Receipt this Period
 1000

B. Eagle Forum PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 618
 City State Zip Code
 Alton IL 62002-0618
 FEC ID number of contributing federal political committee. **C C00103937**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2015
Transaction ID : A-CF6551
 Amount of Each Receipt this Period
 2500

C. eBay Inc-Committee for Responsible Internet Commerce
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 S Washington Street
 Suite 115
 City State Zip Code
 Alexandria VA 22314-5404
 FEC ID number of contributing federal political committee. **C C00342394**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A-CF6581
 Amount of Each Receipt this Period
 1000

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

4500.00

**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 10 OF 27
	<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)
Thomas Massie for Congress

A. Freedomworks Inc PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 N Capitol Street NW
 Suite 765
 City Washington State DC Zip Code 20001-1564
 FEC ID number of contributing federal political committee. **C C00353227**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2015
Transaction ID : A-CF6548
 Amount of Each Receipt this Period
 950

B. Intellectual Ventures NPM Inc PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 H Street NW
 Suite 900
 City Washington State DC Zip Code 20005-5954
 FEC ID number of contributing federal political committee. **C C00557165**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2015
Transaction ID : A-CF6527
 Amount of Each Receipt this Period
 1000

C. National Campaign
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 N Orange Street
 Suite 700 # 7427
 City Wilmington State DE Zip Code 19801-1186
 FEC ID number of contributing federal political committee. **C C00563759**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : A-CF6650
 Amount of Each Receipt this Period
 250

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

2200.00

**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 11 OF 27
	<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)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Qualcomm Incorporated PAC

Mailing Address 1730 Pennsylvania Avenue NW
Suite 850

City Washington State DC Zip Code 20006-4724

FEC ID number of contributing federal political committee. **C** C00339085

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : A-CF6580

Amount of Each Receipt this Period
 2500

B. Full Name (Last, First, Middle Initial)
Tessera Inc PAC

Mailing Address 3025 Orchard Parkway

City San Jose State CA Zip Code 95134-2017

FEC ID number of contributing federal political committee. **C** C00443739

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2015

Transaction ID : A-CF6547

Amount of Each Receipt this Period
 1000

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

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

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

3500.00

15200.00

**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 12 OF 27			
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 401.6 Transaction ID : B-E-6629
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 401.6 Transaction ID : B-E-6630
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 401.6 Transaction ID : B-E-6631
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1204.80
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 13 OF 27			
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Aristotle International, Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650 Transaction ID : B-E-6529
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Compliance Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Aristotle International, Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 325 Transaction ID : B-E-6574
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Compliance Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Aristotle International, Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650 Transaction ID : B-E-6604
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Compliance Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1625.00
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 14 OF 27			
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Aristotle International, Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650 Transaction ID : B-E-6626
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Compliance Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Betelnut Restaurant		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 2030 Union Street		Amount of Each Disbursement this Period 222.17 Transaction ID : B-E-6659
City San Francisco State CA Zip Code 94123-4121	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Broghamer Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2015
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 1753.42 Transaction ID : B-E-6515
City Newport State KY Zip Code 41071-2006	Purpose of Disbursement Compliance Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2625.59
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 15 OF 27	
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Broghamer Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 1777.58 Transaction ID : B-E-6563
City Newport	State KY	
Zip Code 41071-2006	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Broghamer Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 1974.75 Transaction ID : B-E-6601
City Newport	State KY	
Zip Code 41071-2006	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. CanDo Politics		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2015
Mailing Address 20 W 11th Street Suite 200		Amount of Each Disbursement this Period 115 Transaction ID : B-E-6522
City Covington	State KY	
Zip Code 41011-4112	Purpose of Disbursement Website Hosting/Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3867.33
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 16 OF 27			
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 99.25 Transaction ID : B-E-6538
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 145.16 Transaction ID : B-E-6632
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Chase Bank		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address 270 Park Avenue Floor 12		Amount of Each Disbursement this Period 50 Transaction ID : B-E-6516
City New York State NY Zip Code 10017	Purpose of Disbursement Bank Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	294.41
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 17 OF 27			
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Chase Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 270 Park Avenue Floor 12		Amount of Each Disbursement this Period 50
City New York	State NY	
Purpose of Disbursement Bank Fee	Zip Code 10017	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Chase Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2015
Mailing Address 270 Park Avenue Floor 12		Amount of Each Disbursement this Period 50
City New York	State NY	
Purpose of Disbursement Bank Fee	Zip Code 10017	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. Churchill Downs Incorporated		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2015
Mailing Address 600 N Hurstbourne Parkway Suite 400		Amount of Each Disbursement this Period 4075
City Louisville	State KY	
Purpose of Disbursement Event Tickets	Zip Code 40222-5389	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) 4175.00
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 18 OF 27			
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Deluxe Business Checks And Solutions		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address PO Box 1186		Amount of Each Disbursement this Period 217.28 Transaction ID : B-E-6569
City Lancaster	State CA	
Zip Code 93584-1186	Purpose of Disbursement Printing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Galt House Hotel		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2015
Mailing Address 140 N 4th Street		Amount of Each Disbursement this Period 150.89 Transaction ID : B-E-6530
City Louisville	State KY	
Zip Code 40202-4227	Purpose of Disbursement Lodging	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Galt House Hotel		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2015
Mailing Address 140 N 4th Street		Amount of Each Disbursement this Period 150.89 Transaction ID : B-E-6531
City Louisville	State KY	
Zip Code 40202-4227	Purpose of Disbursement Lodging	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	519.06
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 19 OF 27			
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Hank's Oyster Bar			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015	
Mailing Address 1624 Q Street NW			Amount of Each Disbursement this Period 141	
City Washington	State DC	Zip Code 20009-6354	Transaction ID : B-E-6535	
Purpose of Disbursement Food/Beverage		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Hank's Oyster Bar			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2015	
Mailing Address 1624 Q Street NW			Amount of Each Disbursement this Period 150	
City Washington	State DC	Zip Code 20009-6354	Transaction ID : B-E-6619	
Purpose of Disbursement Food/Beverage		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Harvest			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015	
Mailing Address 624 E Market Street			Amount of Each Disbursement this Period 264.4	
City Louisville	State KY	Zip Code 40202-1117	Transaction ID : B-E-6518	
Purpose of Disbursement Food/Beverage		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	555.40
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 20 OF 27			
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Henry County Republican Party			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2015
Mailing Address PO Box 83			Amount of Each Disbursement this Period 320 Transaction ID : B-E-6521
City Campbellsburg	State KY	Zip Code 40011-0083	
Purpose of Disbursement Event Tickets	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Kenton County Republican Party			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 2030 Edenderry Drive			Amount of Each Disbursement this Period 680 Transaction ID : B-E-6562
City Ft Mitchell	State KY	Zip Code 41017-4461	
Purpose of Disbursement Event Tickets	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. MailChimp			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 512 Means Street NW Suite 404			Amount of Each Disbursement this Period 75 Transaction ID : B-E-6565
City Atlanta	State GA	Zip Code 30318-5788	
Purpose of Disbursement Software	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1075.00
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 21 OF 27			
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. MailChimp		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2015
Mailing Address 512 Means Street NW Suite 404		Amount of Each Disbursement this Period 75 Transaction ID : B-E-6596
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Email Service 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MailChimp		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 512 Means Street NW Suite 404		Amount of Each Disbursement this Period 75 Transaction ID : B-E-6662
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Software 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paycor Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 40 Transaction ID : B-E-6536
City Cincinnati State OH Zip Code 45203-1734	Purpose of Disbursement Payroll Service 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	190.00
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 22 OF 27	
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Paycor Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 43.5 Transaction ID : B-E-6590
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Service	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paycor Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 40 Transaction ID : B-E-6635
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Service	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Shakey's Pub & Grub		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2015
Mailing Address 7718 US Highway 42		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-6577
City Florence	State KY Zip Code 41042-1912	
Purpose of Disbursement Catering	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1083.50
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 23 OF 27			
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Sodexo Inc & Affiliates		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2015
Mailing Address PO Box 536922		Amount of Each Disbursement this Period 316.8
City Atlanta	State GA Zip Code 30353-6922	
Purpose of Disbursement Catering	Category/Type 001	Transaction ID : B-E-6525
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The InterContinental		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 750 Cannery Row		Amount of Each Disbursement this Period 19.54
City Monterey	State CA Zip Code 93940-1087	
Purpose of Disbursement Travel	Category/Type 001	Transaction ID : B-E-6657
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The InterContinental		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 750 Cannery Row		Amount of Each Disbursement this Period 895.08
City Monterey	State CA Zip Code 93940-1087	
Purpose of Disbursement Travel	Category/Type 001	Transaction ID : B-E-6658
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1231.42
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 24 OF 27		
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. The InterContinental		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 750 Cannery Row		Amount of Each Disbursement this Period 962.08 Transaction ID : B-E-6660
City Monterey	State CA Zip Code 93940-1087	
Purpose of Disbursement Travel	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 233 S Wacker Drive		Amount of Each Disbursement this Period 513.6 Transaction ID : B-E-6642
City Chicago	State IL Zip Code 60606-7147	
Purpose of Disbursement Travel	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 233 S Wacker Drive		Amount of Each Disbursement this Period 513.6 Transaction ID : B-E-6643
City Chicago	State IL Zip Code 60606-7147	
Purpose of Disbursement Travel	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1989.28
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 25 OF 27			
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 233 S Wacker Drive		Amount of Each Disbursement this Period 513.6 Transaction ID : B-E-6644
City Chicago	State IL Zip Code 60606-7147	
Purpose of Disbursement Travel	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 233 S Wacker Drive		Amount of Each Disbursement this Period 513.6 Transaction ID : B-E-6645
City Chicago	State IL Zip Code 60606-7147	
Purpose of Disbursement Travel	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Virgin America		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 555 Airport Boulevard		Amount of Each Disbursement this Period 567.1 Transaction ID : B-E-6636
City Burlingame	State CA Zip Code 94010-2000	
Purpose of Disbursement Travel	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1594.30
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 27		
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. J.R. Reed		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address 41 Madden Street		Amount of Each Disbursement this Period 221.95 Transaction ID : B-E-6624
City Greenup State KY Zip Code 41144-6772	Purpose of Disbursement Mileage Reimbursement Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

SUBTOTAL of Disbursements This Page (optional).....	221.95
TOTAL This Period (last page this line number only).....	22252.04

**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 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Ron DeSantis for Florida		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address PO Box 1425		Amount of Each Disbursement this Period 2000 Transaction ID : B-E-6602
City Ponte Vedra Beach	State FL	
Zip Code 32004-1425	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name Ronald D. DeSantis	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District:	

Full Name (Last, First, Middle Initial) B. Stutzman for Senate		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2015
Mailing Address PO Box 129		Amount of Each Disbursement this Period 2000 Transaction ID : B-E-6621
City Howe	State IN	
Zip Code 46746-0129	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name Marlin A. Stutzman	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District:	

Full Name (Last, First, Middle Initial) c. Walter Jones Committee		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2015
Mailing Address PO Box 3962		Amount of Each Disbursement this Period 2000 Transaction ID : B-E-6625
City Greenville	State NC	
Zip Code 27836-1962	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name Walter B. Jones	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 03	

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