

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

McMorris Rodgers American Dream Project

ADDRESS (number and street)

PO Box 2485

Check if different than previously reported. (ACC)

Springfield

VA

22152

2. FEC IDENTIFICATION NUMBER

C C00543199

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

WA

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X

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

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04 / 01 / 2016

through

M M / D D / Y Y Y Y

06 / 30 / 2016

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

Type or Print Name of Treasurer Robert F. Carlin

Signature of Treasurer Robert F. Carlin

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07 / 15 / 2016

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

McMorris Rodgers American Dream Project

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))....	635780.00	115805.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	49.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	635780.00	115756.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	136101.48	13416.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	136101.48	13416.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	57296.40	
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).....	0.00	

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

McMorris Rodgers American Dream Project

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).....	603050.00	109849.00
(ii) Unitemized.....	730.00	956.00
(iii) TOTAL of contributions from individuals ▶	603780.00	110805.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	32000.00	5000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	635780.00	115805.00
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.)	0.00	0.00
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)..... ▶	635780.00	115805.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	136101.48	13416.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	496900.61	99339.39
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	49.00
(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	49.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	633002.09	112805.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	54518.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	635780.00
25. SUBTOTAL (add Line 23 and Line 24).....	690298.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	633002.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	57296.40

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

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

FOR LINE NUMBER: PAGE 5 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Clarence H. Albright Jr.

Mailing Address 821 Mackall Avenue

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Ogilvy Government Relations Principal

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2016

Transaction ID : SA11AI.6054

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Lisa A. Bell

Mailing Address 729 Harrison Road

City State Zip Code
Villanova PA 19085-1112

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2016

Transaction ID : SA11AI.5882

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Lisa A. Bell

Mailing Address 729 Harrison Road

City State Zip Code
Villanova PA 19085-1112

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
6400.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2016

Transaction ID : SA11AI.6048

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).....

4700.00

**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 127
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Bernt O. Bodal

Mailing Address 2025 First Avenue
Suite 900

City State Zip Code
Seattle WA 98121

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

Name of Employer Occupation
American Seafoods Group, LLC Chairman & CEO

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : SA11AI.5945

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dr. Raza Bokhari

Mailing Address 437 N. Spring Mill Road

City State Zip Code
Villanova PA 19085

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

Name of Employer Occupation
Parkway Clinical Laboratories Chairman & CEO

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2016

Transaction ID : SA11AI.5933

Amount of Each Receipt this Period
5400.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Raza Bokhari

Mailing Address 437 N. Spring Mill Road

City State Zip Code
Villanova PA 19085

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

Name of Employer Occupation
Parkway Clinical Laboratories Chairman & CEO

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
10800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : SA11AI.5978

Amount of Each Receipt this Period
5400.00

Memo Item

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

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

13300.00

**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 127
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Nancy G. Brinker

Mailing Address 211 Via Tortuga

City	State	Zip Code
Palm Beach	FL	33480

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

Name of Employer	Occupation
Susan G. Komen	Founder

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6124

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Cameron R. Buck

Mailing Address 4518 252nd Avenue SE

City	State	Zip Code
Issaquah	WA	98029-7602

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

Name of Employer	Occupation
UW Valley Med Ctr Emerg Phy	Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.5984

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Charles H. Bundrant

Mailing Address 5303 Shilshole Avenue, NW

City	State	Zip Code
Seattle	WA	98107-4021

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

Name of Employer	Occupation
Trident Seafoods Corporation	Founder

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11AI.5939

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

6250.00

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

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

FOR LINE NUMBER: PAGE 8 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Diane L. Bundrant

Mailing Address 3640 W. Commodore Way

City State Zip Code
Seattle WA 98199

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

Name of Employer Occupation
Trident Seafoods Corporation Shareholder/Ambassador

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2016

Transaction ID : SA11AI.5937

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Joseph L. Bundrant

Mailing Address 20530 Richmond Beach Dr, NW

City State Zip Code
Seattle WA 98177-2460

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

Name of Employer Occupation
Trident Seafoods Corporation CEO

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2016

Transaction ID : SA11AI.5935

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Suzanne P. Clark

Mailing Address 2914 24th Road N

City State Zip Code
Arlington VA 22207-4951

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

Name of Employer Occupation
US Chamber of Commerce Executive VP

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2016

Transaction ID : SA11AI.5993

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).....

10500.00

**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 127
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

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

Mailing Address 6816 NE Etna Road

City Woodland State WA Zip Code 98674-2617

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.5988

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
William M. Conner

Mailing Address 12600 SE 38th Street Ste. 250

City Bellevue State WA Zip Code 98006

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11AI.5951

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1717 Arch Street 39th Fl.

City Philadelphia State PA Zip Code 19103

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

Name of Employer Self Employed Occupation Financial Advisor

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.5892

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).....

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 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Laura Cox Kaplan

Mailing Address 601 13th Street, NW
Suite 1000

City Washington State DC Zip Code 20005

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

Name of Employer PWC Occupation Partner/Executive

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : SA11AI.6067

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jay N. Cranford III

Mailing Address 4136 N. Richmond Street

City Arlington State VA Zip Code 22207

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

Name of Employer Clark Geduldig Cranford & Nielson LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.6023

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Philip M. Darivoff

Mailing Address 1 Farmstead Road

City Short Hills State NJ Zip Code 07078

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

Name of Employer Self Employed Occupation Investor

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
10400.00

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

Transaction ID : SA11AI.5995

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

5750.00

**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 127
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. William Dewey		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2016	
Mailing Address 704 E. Hiawatha Blvd.		Transaction ID : SA11AI.5947	
City Shelton	State WA	Zip Code 98584	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Taylor Shellfish	Occupation Shellfish Farmer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Peter Dykstra		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 04 / 2016	
Mailing Address 4714 2nd Avenue		Transaction ID : SA11AI.5915	
City Seattle	State WA	Zip Code 98105	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Plauche & Carr	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Jerry Elrod		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2016	
Mailing Address PO Box 26804		Transaction ID : SA11AI.5957	
City Federal Way	State WA	Zip Code 98093-3804	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer American Promotional Events	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

SUBTOTAL of Receipts This Page (optional).....	4500.00
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: (check only one)	PAGE 12 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Thomas A. Fanning

Mailing Address 30 Ivan Allen Jr. Boulevard NW

City Atlanta	State GA	Zip Code 30308
-----------------	-------------	-------------------

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

Name of Employer Southern Company	Occupation Chairman, President & CEO
--------------------------------------	---

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : SA11AI.6011

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 725 9th Avenue #1102

City Seattle	State WA	Zip Code 98104
-----------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Investments
-----------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : SA11AI.6080

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Douglas P. Fields

Mailing Address 100 Midwood Road

City Greenwich	State CT	Zip Code 06830-3837
-------------------	-------------	------------------------

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

Name of Employer Pemberton Services Corp	Occupation CEO/President
---	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6087

Amount of Each Receipt this Period
400.00

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 13 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Kenneth L. Fisher

Mailing Address 5700 NW Fisher Creek Drive
Suite 100

City Camas State WA Zip Code 98607

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

Name of Employer Fisher Investments Occupation CEO

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2016

Transaction ID : SA11AI.5967

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Matthew D. Franklin

Mailing Address 222 Valleyview Place

City Minneapolis State MN Zip Code 55419-1377

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

Name of Employer Foundation Medicine Occupation Executive

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.5861

Amount of Each Receipt this Period
1700.00

Memo Item

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

Mailing Address PO Box 667

City Houston State TX Zip Code 77001

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2016

Transaction ID : SA11AI.5920

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).....

9200.00

**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 127
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Sam Geduldig

Mailing Address 1101 K Street NW
Suite 650

City Washington State DC Zip Code 20005

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

Name of Employer CGCN Group Occupation Partner

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.6025

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Robert J. Genise

Mailing Address 12405 NE 36th Place

City Bellevue State WA Zip Code 98005

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

Name of Employer Aergen Management Services, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11AI.5965

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Ambassador Charles L. Glazer

Mailing Address 17 Husted Lane

City Greenwich State CT Zip Code 06830

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

Name of Employer C.L. Glazer & Company, Inc Occupation CEO

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6089

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).....

6500.00

**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 15 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Amy Goodfriend

Mailing Address 230 Mason Street

City State Zip Code
Greenwich CT 06830

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

Name of Employer Occupation
Self Employed Contractor

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.6112

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 9435 NE 18th Street

City State Zip Code
Clyde Hill WA 98004-2541

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

Name of Employer Occupation
K&L Gates Attorney

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2016

Transaction ID : SA11AI.5959

Amount of Each Receipt this Period
600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Donald G. Graham Jr.

Mailing Address 6410 NE Windermere Road

City State Zip Code
Seattle WA 98105-2056

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2016

Transaction ID : SA11AI.6003

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

6100.00

**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 16 OF 127
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Susan Hager		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2016
Mailing Address 815 Seapowet Avenue		Transaction ID : SA11AI.5867
City Tiverton	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Foundation Medicine	Occupation Executive	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Jane Hague		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 27 / 2016
Mailing Address 13646 NE 37th Place		Transaction ID : SA11AI.5982
City Bellevue	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Sherron Associates	Occupation VP Community Relations	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Brian Hard		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2016
Mailing Address 10 Seven Springs Drive		Transaction ID : SA11AI.5896
City Reading	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Penske Truck Leasing	Occupation CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	4200.00
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: (check only one)	PAGE 17 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Kerry Healey

Mailing Address 56 Whiting Road

City Wellesley State MA Zip Code 02481

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

Name of Employer Babson College Occupation President

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2016

Transaction ID : SA11AI.6037

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ray E. Hendrickson

Mailing Address 140 Sumit Street

City Peabody State MA Zip Code 01960

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

Name of Employer CBD Occupation President & CEO

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
10400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11AI.6001

Amount of Each Receipt this Period
10400.00

Memo Item

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

Mailing Address PO Box 3837

City Seattle State WA Zip Code 98124

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

Name of Employer United Warehouse Occupation President

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016

Transaction ID : SA11AI.5909

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

12900.00

**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 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Robert W. Hesslein

Mailing Address 30 Stanton Avenue

City: Auburndale State: MA Zip Code: 02466-3006

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

Name of Employer: Foundation Medicine Occupation: Executive

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 05 / 11 / 2016

Transaction ID : SA11AI.5924

Amount of Each Receipt this Period: 1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jennifer N. Higgins

Mailing Address 770 P Street, NW
Apt. 328

City: Washington State: DC Zip Code: 20001-3370

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

Name of Employer: Chamber Hill Strategies Occupation: Partner

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 14 / 2016

Transaction ID : SA11AI.6018

Amount of Each Receipt this Period: 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
S. Dale High

Mailing Address PO Box 10008

City: Lancaster State: PA Zip Code: 17605-0008

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

Name of Employer: High Company LLC Occupation: Chair Emeritus

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 28 / 2016

Transaction ID : SA11AI.6062

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: PAGE 19 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Barry Hill

Mailing Address 14619 N. Edencrest Drive

City State Zip Code
Spokane WA 99208

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

Name of Employer Occupation
Christian Life Church Pastor

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : SA11AI.6076

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4052 Seminary Road

City State Zip Code
Alexandria VA 22304

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

Name of Employer Occupation
Williams & Jensen CEO

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
1025.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : SA11AI.6032

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
John M. Hogan

Mailing Address 531 Carriage House Lane

City State Zip Code
Harlesville PA 19438-2530

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

Name of Employer Occupation
Stevens & Lee Attorney

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11AI.5879

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).....

2250.00

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

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

FOR LINE NUMBER: PAGE 20 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Clyde P. Holland

Mailing Address **PO Box 96**

City **La Center** State **WA** Zip Code **98629-0096**

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

Name of Employer **Holland Parnter Group** Occupation **Real Estate Investor**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
05 / 24 / 2016

Transaction ID : SA11AI.5973

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Rena K. Holland

Mailing Address **PO Box 96**

City **La Center** State **WA** Zip Code **98629-0096**

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

Name of Employer **Holland Parnter Group** Occupation **Board Member**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
05 / 24 / 2016

Transaction ID : SA11AI.5971

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Andrew P. Howell

Mailing Address **2501 Johnson Avenue**

City **Bethesda** State **MD** Zip Code **20817-3432**

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

Name of Employer **Monument Policy Group** Occupation **Partner**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
04 / 22 / 2016

Transaction ID : SA11AI.5901

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).....

10500.00

**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 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Jun Huangpu

Mailing Address 704 Powder Mill Lane

City Wynnewood State PA Zip Code 19096

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

Name of Employer Healthcare, Inc. Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.5881

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Susan S. Hutchison

Mailing Address 4102 55th Ave., NE

City Seattle State WA Zip Code 98105

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

Name of Employer Simonyi Fund For Arts & Scienc Occupation Executive Director

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11AI.5949

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 3350 Maud Street, NW

City Washington State DC Zip Code 20016

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

Name of Employer Angel Enterprises Occupation President

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2016

Transaction ID : SA11AI.6014

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).....

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 22 OF 127
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. JAM Strategies, LLC		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2016	
Mailing Address 2527 N. Jefferson Street		Transaction ID : SA11AI.5898	
City Arlington	State VA	Zip Code 22207-1447	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Election Cycle-to-Date 500.00	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. John E. Murray		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2016	
Mailing Address 10000 Rhineland #218		Transaction ID : SA11AI.5898.0	
City San Antonio	State TX	Zip Code 78239	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired Election Cycle-to-Date 750.00	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Jeffrey R. Jay MD		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016	
Mailing Address 165 Mason Street 3rd Fl		Transaction ID : SA11AI.6097	
City Greenwich	State CT	Zip Code 06830	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Great Point Partners Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Venture Capital Election Cycle-to-Date 1000.00	<input type="checkbox"/> Memo Item	

SUBTOTAL of Receipts This Page (optional).....	1500.00
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: (check only one)	PAGE 23 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Scott M. Jenkins

Mailing Address 24 Meadowood Road

City Rosemont State PA Zip Code 19010-1052

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

Name of Employer S M Jenkins & Co. Occupation Consultant

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : SA11AI.6130

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Steven J. Kafka

Mailing Address 39 Hildreth Lane

City Concord State MA Zip Code 01742

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

Name of Employer Foundation Medicine Occupation Executive

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2016

Transaction ID : SA11AI.5926

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 103 Husted Lane

City Greenwich State CT Zip Code 06830

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

Name of Employer Self Employed Occupation Consumer Services

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6085

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).....

1750.00

**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 24 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Carol Anne Kelly

Mailing Address 3901 Highwood Ct. NW

City Washington State DC Zip Code 20007-2132

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

Name of Employer Nat Assn of Chain Drug Stores Occupation VP Government Affairs

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6109

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1030 14th Place West

City Kirkland State WA Zip Code 98033

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

Name of Employer Starbucks Occupation Manager

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 03 / 2016

Transaction ID : SA11AI.5913

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 302 West Lynwood Avenue

City San Antonio State TX Zip Code 78212

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

Name of Employer Mednax Occupation Doctor

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **5900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : SA11AI.6038

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: PAGE 25 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Jeffrey Kimbell

Mailing Address 601 13th Street, NW
Suite 1000

City Washington State DC Zip Code 20005

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

Name of Employer Kimbell & Associates Occupation CEO

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **06 / 29 / 2016**

Transaction ID : SA11AI.6071

Amount of Each Receipt this Period **500.00**

Memo Item

B. Full Name (Last, First, Middle Initial)
W. Robert Kohorst

Mailing Address 740 Huntington Circle

City Pasadena State CA Zip Code 91106

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

Name of Employer Everest Properties Occupation President

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt **06 / 29 / 2016**

Transaction ID : SA11AI.6069

Amount of Each Receipt this Period **5400.00**

Memo Item

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

Mailing Address 646 Concord Street

City Carlisle State MA Zip Code 07141-1581

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

Name of Employer Foundation Medicine Occupation Executive

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **1700.00**

Date of Receipt **04 / 15 / 2016**

Transaction ID : SA11AI.5859

Amount of Each Receipt this Period **1700.00**

Memo Item

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

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

7600.00

**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 26 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Sarah J. Larson

Mailing Address 214 Academy Road

City State Zip Code
Pembroke NH 03275

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

Name of Employer Occupation
Foundation Medicine Executive

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11AI.5863

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 59 Pecksland Road

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2016

Transaction ID : SA11AI.5991

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 1655 N. Greebriar Street

City State Zip Code
Arlington VA 22205

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

Name of Employer Occupation
FTI Consulting Consulting

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : SA11AI.6060

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).....

4200.00

**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 27 OF 127
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Jed Manocherian		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 22 / 2016	
Mailing Address 18 East 50th Street		Transaction ID : SA11AI.5899	
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 40000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item		
Name of Employer Occupation Woodbranch Investments Real Estate	Election Cycle-to-Date 65000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Heather A. Marshall		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2016	
Mailing Address 2418 N. 31st Street		Transaction ID : SA11AI.5986	
City State Zip Code Tacoma WA 98407-6402	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item		
Name of Employer Occupation Tacoma Emergency Care Physicians Physician	Election Cycle-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Brant Massman		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2016	
Mailing Address PO Box 226		Transaction ID : SA11AI.6078	
City State Zip Code Spokane WA 99210	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item		
Name of Employer Occupation Center for Behavioral Health Owner	Election Cycle-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	40750.00
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 28 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Neeraj Mathawan

Mailing Address 76 Goldfinch Circle

City State Zip Code
Phoenixville PA 19460

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

Name of Employer Occupation
Self Employed Executive

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11AI.5884

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Carlton A. K. McDonald

Mailing Address 2610 86th Avenue, NE

City State Zip Code
Clyde Hill WA 98004

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 02 / 2016

Transaction ID : SA11AI.5911

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Bradley A. McDowell

Mailing Address 4900 N. Arrow Crest Way

City State Zip Code
Boise ID 83703-7002

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

Name of Employer Occupation
AB Foods President

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : SA11AI.5955

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 29 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Linda E. McMahon

Mailing Address 14 Hurlingham Drive

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
WWE Executive

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6105

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 102 Zaccheus Mead Lane

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6091

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 315 5th Avenue S
Suite 1000

City State Zip Code
Seattle WA 98104

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

Name of Employer Occupation
Mentor Law Group, PLLC Attorney

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2016

Transaction ID : SA11AI.5963

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).....

10200.00

**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 30 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Vincent Miller

Mailing Address 5 Harper Street

City West Orange State NJ Zip Code 07052

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

Name of Employer Foundation Medicine Occupation Executive

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.5877

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Muckleshoot Indian Tribe

Mailing Address 39015 172nd Avenue

City Auburn State WA Zip Code 98092

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : SA11AI.6056

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 19605 NE 8th Street

City Camas State WA Zip Code 98607

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

Name of Employer Nierenberg Investment Management Co. Occupation Investing

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11AI.5905

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 31 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Michael J. Nolan

Mailing Address 1012 White Gate Road

City Alamo State CA Zip Code 94507

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

Name of Employer Foundation Medicine Occupation Executive

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.5865

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Richard R. Ong

Mailing Address 164 W. 79th Street #10A

City New York State NY Zip Code 10024

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

Name of Employer Eagle Capital Mgmt. Occupation Investment Management

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6126

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Peter B. Orthwein

Mailing Address 154 Guards Road

City Greenwich State CT Zip Code 06831

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

Name of Employer Thor Industries, Inc. Occupation Exec. Chairman

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6095

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).....

4700.00

**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 32 OF 127
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Dakx Parghi		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2016	
Mailing Address 2101 Market Street		Transaction ID : SA11AI.5928	
City Philadelphia	State PA	Amount of Each Receipt this Period 1000.00	
Zip Code 19103-1333		<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Frederick P. Paup		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2016	
Mailing Address PO Box 24067		Transaction ID : SA11AI.6073	
City Seattle	State WA	Amount of Each Receipt this Period 500.00	
Zip Code 98124		<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			
Name of Employer Manson Construction Co.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Robert D. Pavey		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016	
Mailing Address 2 Bratenahl Place #14EX		Transaction ID : SA11AI.6110	
City Bratenahl	State OH	Amount of Each Receipt this Period 2700.00	
Zip Code 44108		<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			
Name of Employer Morganthaler	Occupation Venture Capital		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 22700.00		

SUBTOTAL of Receipts This Page (optional).....	4200.00
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: (check only one)	PAGE 33 OF 127
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Michael J. Pellini		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2016	
Mailing Address 33841 Niguel Shores Drive		Transaction ID : SA11AI.5873	
City Dana Point	State CA	Zip Code 92629	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Foundation Medicine	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) B. Alfred W. Putnam Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 13 / 2016	
Mailing Address 124 Bleddyn Road		Transaction ID : SA11AI.6128	
City Ardmore	State PA	Zip Code 19003	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Drinker Biddle & Reath LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Real Time Media LLC		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2016	
Mailing Address 200 Four Falls Corporate Center Suite 100		Transaction ID : SA11AI.6020	
City Conshohocken	State PA	Zip Code 19428	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

SUBTOTAL of Receipts This Page (optional).....	8600.00
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 34 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Brian P. Tierney

Mailing Address 1020 Rock Creek Road

City State Zip Code
Bryn Mawr PA 19010

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

Name of Employer Occupation
Brian Communications CEO

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
6400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : SA11AI.6020.0

Amount of Each Receipt this Period
5400.00

Memo Item

B. Full Name (Last, First, Middle Initial)
James L. Rhoden Jr.

Mailing Address 1985 North Park Place

City State Zip Code
Atlanta GA 30339

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

Name of Employer Occupation
Futren Corporation Chairman

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.5997

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mary B. Robertson

Mailing Address 28 Jewatt Hill Road

City State Zip Code
Sharon CT 06069

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6093

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).....

750.00

**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 35 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Jeffrey S. Ross MD

Mailing Address 7 Bird Road

City State Zip Code
New Lebanon NY 12125

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

Name of Employer Occupation
Foundation Medicine Executive

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11AI.5869

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jennifer L. Ryan

Mailing Address 88 Westminster Avenue

City State Zip Code
Arlington MA 02474-2709

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

Name of Employer Occupation
Foundation Medicine Executive

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11AI.5871

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 300 Pantigo Place
Ste 102

City State Zip Code
East Hampton NY 11937-2684

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

Name of Employer Occupation
Sabin Metal Executive

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6107

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 36 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Lisa Scheller

Mailing Address 751 Benner Road

City Allentown State PA Zip Code 18104

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

Name of Employer Occupation
Silberline Manufacturing CEO

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : SA11AI.5855

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Beatriz V. Schweitzer

Mailing Address 330 NW Brandon Drive

City Pullman State WA Zip Code 99163-3674

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 300000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2016

Transaction ID : SA11AI.5918

Amount of Each Receipt this Period
150000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Edmund O. Schweitzer, III

Mailing Address 330 NW Brandon Drive

City Pullman State WA Zip Code 99163-3674

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

Name of Employer Occupation
Schweitzer Engineering Labs President

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 300000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2016

Transaction ID : SA11AI.5917

Amount of Each Receipt this Period
150000.00

Memo Item

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

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

301000.00

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

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

FOR LINE NUMBER: PAGE 37 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Carolyn Horn Seidle

Mailing Address 20 Sturbridge Lane

City State Zip Code
Wayne PA 19087-5800

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11AI.5886

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Tucker C. Shumack

Mailing Address 2346 S. Nash Street

City State Zip Code
Arlington VA 22202

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

Name of Employer Occupation
Ogilvy Principal/Government Relations

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : SA11AI.6044

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 21 Sandy Lake Road

City State Zip Code
Englewood CO 80113

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
15400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : SA11AI.6036

Amount of Each Receipt this Period
5400.00

Memo Item

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

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

6900.00

**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 38 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
John J. Sie

Mailing Address 21 Sandy Lake Road

City Englewood State CO Zip Code 80113

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
30400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2016

Transaction ID : SA11AI.6035

Amount of Each Receipt this Period
5400.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jeffrey A. Sine

Mailing Address 205 E. 85th Street
PH200

City New York State NY Zip Code 10028

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

Name of Employer The Raine Group Occupation Co-Founder & Partner

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6122

Amount of Each Receipt this Period
10000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Bradford L. Smith

Mailing Address 9665 LK Washington Blvd, NE

City Bellevue State WA Zip Code 98004

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

Name of Employer Microsoft Corporation Occupation President and Chief Legal Officer

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11AI.5953

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

20400.00

**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 39 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Philip J. Stephens

Mailing Address 25 Swan Lane

City Lexington State MA Zip Code 02421-6140

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

Name of Employer Foundation Medicine Occupation Executive

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.5875

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Stradley Ronon Stevens & Young, LLP

Mailing Address 2005 Market Street #2600

City Philadelphia State PA Zip Code 19103-7098

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : SA11AI.6046

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1250 Connecticut Ave NW #500

City Washington State DC Zip Code 20036

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

Name of Employer Stradley Ronon Occupation Partner

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : SA11AI.6046.0

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).....

1500.00

**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 40 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Leslie M. Strong

Mailing Address 8707 Golden Gardens Dr., NW

City Seattle	State WA	Zip Code 98117-3942
-----------------	-------------	------------------------

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

Name of Employer Coastal Transporation	Occupation Founder
---	-----------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11AI.5943

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Peter D. Strong

Mailing Address 8707 Golden Gardens Dr., NW

City Seattle	State WA	Zip Code 98117-3942
-----------------	-------------	------------------------

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

Name of Employer Coastal Transporation	Occupation Founder
---	-----------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11AI.5941

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
William J. Taylor

Mailing Address 3510 Gravelly Beach Loop, NW

City Olympia	State WA	Zip Code 98502
-----------------	-------------	-------------------

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

Name of Employer Taylor Shellfish	Occupation Shellfish Farmer
--------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11AI.5961

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).....

12500.00

**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 41 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Ryan L. Triplette

Mailing Address 1512 Kingman Place, NW

City Washington State DC Zip Code 20005

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

Name of Employer Franklin Square Group Occupation Director, Gov. Relations

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : SA11AI.6065

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Charles S. Verdery Jr.

Mailing Address 3153 21st St N

City Arlington State VA Zip Code 22201-5107

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

Name of Employer Monument Policy Group Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : SA11AI.6042

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 48 E. 92nd Street

City New York State NY Zip Code 10128

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

Name of Employer Crestview Partners Occupation Finance

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : SA11AI.5999

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).....

3700.00

**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 42 OF 127
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Kathaleen Wall		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2016	
Mailing Address PO Box 667		Transaction ID : SA11AI.5922	
City Houston	State TX	Zip Code 77001	Amount of Each Receipt this Period _____ 2500.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee.		C	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2500.00		

Full Name (Last, First, Middle Initial) B. William R. Wanger		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2016	
Mailing Address PO Box 434		Transaction ID : SA11AI.6021	
City Gwynedd Valley	State PA	Zip Code 19437-0434	Amount of Each Receipt this Period _____ 1000.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee.		C	
Name of Employer Fox Rothschild	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00		

Full Name (Last, First, Middle Initial) C. Marilyn Ware		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 24 / 2016	
Mailing Address 210 University Boulevard Suite 410		Transaction ID : SA11AI.5974	
City Denver	State CO	Zip Code 80206	Amount of Each Receipt this Period _____ 10000.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee.		C	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 21500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 13500.00
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: (check only one)	PAGE 43 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Marilyn Ware

Mailing Address 210 University Boulevard
Suite 410

City State Zip Code
Denver CO 80206

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
36500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : SA11AI.5975

Amount of Each Receipt this Period
15000.00

Memo Item

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

Mailing Address 242 Stanwich Road

City State Zip Code
Greenwich CT 06830

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

Name of Employer Occupation
Civicom, Inc. VP Marketing

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6103

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dave H. Williams

Mailing Address 135 Zaccheus Mead Lane

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6099

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).....

16500.00

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

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

FOR LINE NUMBER: PAGE 44 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Reba White Williams

Mailing Address 135 Zaccheus Mead Lane

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.6101

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 548 E. Crescent Drive

City State Zip Code
Palo Alto CA 94301

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

Name of Employer Occupation
Varian Medical Systems CEO

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.6081

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Charles R. Yates

Mailing Address 5270 Woodridge Forest Trail

City State Zip Code
Atlanta GA 30327

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2016

Transaction ID : SA11AI.6016

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).....

1750.00

**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 45 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
Freeman Zausner

Mailing Address **PO Box 728**

City **Waldoboro** State **MA** Zip Code **04572**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **8900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2016

Transaction ID : SA11AI.5929

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address **PO Box 728**

City **Waldoboro** State **MA** Zip Code **04572**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **9900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11AI.6063

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Peter B. Zieve

Mailing Address **4413 Chennault Beach Road**

City **Mukilteo** State **WA** Zip Code **98275**

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

Name of Employer **Electroimpact** Occupation **Engineer**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **10400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : SA11AI.5969

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

8500.00

603050.00

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

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

FOR LINE NUMBER: PAGE 46 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
AARON'S, INC. POLITICAL ACTION COMMITTEE

Mailing Address 309 EAST PACES FERRY ROAD, N.E.

City ATLANTA State GA Zip Code 30305

FEC ID number of contributing federal political committee. **C C00459933**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : SA11C.6013

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ALLSTATE INSURANCE COMPANY PAC

Mailing Address 2775 SANDERS ROAD SUITE A2W

City NORTHBROOK State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C C00040253**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2016

Transaction ID : SA11C.6005

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN FINANCIAL SERVICES ASSOCIATION PAC

Mailing Address 919 18TH STREET, NW
SUITE 300

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00038604**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2016

Transaction ID : SA11C.5907

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 47 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
AMGEN INC. POLITICAL ACTION COMMITTEE

Mailing Address 601 13TH STREET, NW
12TH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00251876**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11C.5990

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AQUA AMERICA, INC. H2O POLITICAL ACTION COMMITTEE

Mailing Address 762 WEST LANCASTER AVENUE

City BRYN MAWR State PA Zip Code 19010

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11C.5890

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ASTELLAS US LLC PAC (ASTELLAS PAC)

Mailing Address 1 ASTELLAS WAY

City NORTHBROOK State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C C00444885**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.6118

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).....

6000.00

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

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

FOR LINE NUMBER: PAGE 48 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
BIOTECHNOLOGY INNOVATION ORGANIZATION PAC (BIO PAC)

Mailing Address 1201 MARYLAND AVE, SW
STE. 900

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C C00355677**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11C.6052

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CALPINE CORPORATION PAC

Mailing Address 4160 DUBLIN BLVD., SUITE 100

City DUBLIN State CA Zip Code 94568

FEC ID number of contributing federal political committee. **C C00362640**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11C.6114

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
COTIVITI CORPORATION POLITICAL ACTION COMMITTEE (COTIVITI PAC)

Mailing Address 50 DANBURY ROAD

City WILTON State CT Zip Code 06897

FEC ID number of contributing federal political committee. **C C00568584**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 20 / 2016

Transaction ID : SA11C.6027

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).....

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 49 OF 127
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
COZEN O'CONNOR POLITICAL ACTION COMMITTEE

Mailing Address **ONE LIBERTY PLACE**
1650 MARKET STREET

City **PHILADELPHIA** State **PA** Zip Code **19103**

FEC ID number of contributing federal political committee. **C C00312777**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
06 / 30 / 2016

Transaction ID : SA11C.6116

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DLA PIPER LLP (US) POLITICAL ACTION COMMITTEE (DLA PIPER PAC)

Mailing Address **500 8TH STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00151340**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
05 / 11 / 2016

Transaction ID : SA11C.5931

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
EMD SERONO, INC. POLITICAL ACTION COMMITTEE

Mailing Address **ONE TECHNOLOGY PLACE**

City **ROCKLAND** State **MA** Zip Code **02370**

FEC ID number of contributing federal political committee. **C C00258236**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
06 / 30 / 2016

Transaction ID : SA11C.6120

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).....

7000.00

**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 50 OF 127
	<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)
McMorris Rodgers American Dream Project

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

Mailing Address 1200 18TH STREET, N.W.
SUITE 1125

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00196089**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2016

Transaction ID : SA11C.5857

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC POLITICAL ACTION COMMITTEE (ICSC PAC)

Mailing Address 555 12TH STREET, NW
SUITE 660

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00217638**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : SA11C.6007

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KEYSTONE ALLIANCE POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 3883

City PHILADELPHIA State PA Zip Code 19146

FEC ID number of contributing federal political committee. **C C00432096**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11C.5888

Amount of Each Receipt this Period
1300.00

Memo Item

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

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

3300.00

**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 51 OF 127	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
KEYSTONE ALLIANCE POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 3883**

City **PHILADELPHIA** State **PA** Zip Code **19146**

FEC ID number of contributing federal political committee. **C C00432096**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11C.5889

Amount of Each Receipt this Period
700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NOSSAMAN LLP POLITICAL ACTION COMMITTEE (NOSSAMAN PAC)

Mailing Address **1666 K STREET, NW
SUITE 500**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00473652**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : SA11C.5894

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
OCCIDENTAL PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **1701 PENNSYLVANIA AVE NW
SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00083857**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11C.6050

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).....

2700.00

**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 52 OF 127
<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GOVERNMENT COMMITTEE

Mailing Address 950 F STREET, NW
SUITE 300

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00021972

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : SA11C.5977

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
QUEST DIAGNOSTICS INCORPORATED POLITICAL ACTION COMMITTEE

Mailing Address 300 NEW JERSEY AVENUE, NW
SUITE 900

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00329185

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : SA11C.6058

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address PO BOX 83142

City GAITHERSBURG State MD Zip Code 20883

FEC ID number of contributing federal political committee. **C** C00369660

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : SA11C.5903

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

**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 53 OF 127
	<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)
McMorris Rodgers American Dream Project

A. Full Name (Last, First, Middle Initial)
XCEL ENERGY EMPLOYEE POLITICAL ACTION COMMITTEE (XPAC)

Mailing Address 1800 LARIMER STREET, SUITE 1600

City State Zip Code
DENVER CO 80202

FEC ID number of contributing federal political committee. **C** C00107771

Name of Employer Occupation

Receipt For: Primary General Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 25 2016

Transaction ID : SA11C.5980

Amount of Each Receipt this Period
1000.00

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 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).....

1000.00

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

32000.00

**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 54 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement
Mailing Address 1 ADP Blvd		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2016"/>
City Roseland	State NJ	Zip Code 07068
Purpose of Disbursement Payroll Fees	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="85.50"/>
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)	Transaction ID : SB17.6133
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement
Mailing Address 1 ADP Blvd		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2016"/>
City Roseland	State NJ	Zip Code 07068
Purpose of Disbursement Payroll	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="1709.24"/>
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)	Transaction ID : SB17.6135
State: District:		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement
Mailing Address 1 ADP Blvd		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2016"/>
City Roseland	State NJ	Zip Code 07068
Purpose of Disbursement Payroll Taxes	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="664.72"/>
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)	Transaction ID : SB17.6136
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="2459.46"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 55 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. ADP			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016	
Mailing Address 1 ADP Blvd			Amount of Each Disbursement this Period 85.50	
City Roseland	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Fees		Candidate Name	Transaction ID : SB17.6142	
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. ADP			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016	
Mailing Address 1 ADP Blvd			Amount of Each Disbursement this Period 1709.24	
City Roseland	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll		Candidate Name	Transaction ID : SB17.6145	
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. ADP			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016	
Mailing Address 1 ADP Blvd			Amount of Each Disbursement this Period 664.72	
City Roseland	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Taxes		Candidate Name	Transaction ID : SB17.6146	
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).....	2459.46
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 56 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. ADP			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016	
Mailing Address 1 ADP Blvd			Amount of Each Disbursement this Period 85.50	
City Roseland	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Fees		Category/ Type 001		
Candidate Name			Transaction ID : SB17.6149	
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 05 / 13 / 2016	
Mailing Address 1 ADP Blvd			Amount of Each Disbursement this Period 1709.23	
City Roseland	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll		Category/ Type 001		
Candidate Name			Transaction ID : SB17.6160	
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 05 / 13 / 2016	
Mailing Address 1 ADP Blvd			Amount of Each Disbursement this Period 664.73	
City Roseland	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Taxes		Category/ Type 001		
Candidate Name			Transaction ID : SB17.6161	
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).....	2459.46
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 57 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. ADP			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016	
Mailing Address 1 ADP Blvd			Amount of Each Disbursement this Period 85.50	
City Roseland	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Fees		Category/Type 001		
Candidate Name		Transaction ID : SB17.6165		
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 05 / 31 / 2016	
Mailing Address 1 ADP Blvd			Amount of Each Disbursement this Period 1709.24	
City Roseland	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll		Category/Type 001		
Candidate Name		Transaction ID : SB17.6166		
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 05 / 31 / 2016	
Mailing Address 1 ADP Blvd			Amount of Each Disbursement this Period 664.72	
City Roseland	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Taxes		Category/Type 001		
Candidate Name		Transaction ID : SB17.6167		
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).....	2459.46
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 58 OF 127			
	<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)
McMorris Rodgers American Dream Project

A. ADP

Full Name (Last, First, Middle Initial)
Mailing Address 1 ADP Blvd

City Roseland State NJ Zip Code 07068

Purpose of Disbursement Payroll Fees
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 10 / 2016

Amount of Each Disbursement this Period: 85.50

Memo Item

Transaction ID : SB17.6188

B. ADP

Full Name (Last, First, Middle Initial)
Mailing Address 1 ADP Blvd

City Roseland State NJ Zip Code 07068

Purpose of Disbursement Payroll
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 15 / 2016

Amount of Each Disbursement this Period: 1709.24

Memo Item

Transaction ID : SB17.6190

C. ADP

Full Name (Last, First, Middle Initial)
Mailing Address 1 ADP Blvd

City Roseland State NJ Zip Code 07068

Purpose of Disbursement Payroll Taxes
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 15 / 2016

Amount of Each Disbursement this Period: 664.72

Memo Item

Transaction ID : SB17.6191

SUBTOTAL of Disbursements This Page (optional) 2459.46

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 59 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. ADP			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016		
Mailing Address 1 ADP Blvd			Amount of Each Disbursement this Period 85.50		
City Roseland	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Payroll Fees		Category/ Type 001	Transaction ID : SB17.6198		
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 06 / 30 / 2016		
Mailing Address 1 ADP Blvd			Amount of Each Disbursement this Period 1709.24		
City Roseland	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : SB17.6216		
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 06 / 30 / 2016		
Mailing Address 1 ADP Blvd			Amount of Each Disbursement this Period 664.72		
City Roseland	State NJ	Zip Code 07068	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : SB17.6217		
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).....	2459.46
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 60 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. ALAMO CAR RENTAL		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2016
Mailing Address Aviation Circle		Amount of Each Disbursement this Period 682.63
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
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 : SB17.6390
State: District:		

Full Name (Last, First, Middle Initial) B. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address P.O. Box 68900		Amount of Each Disbursement this Period 250.10
City Seattle	State WA	
Zip Code 98168	Purpose of Disbursement Airfare	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
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 : SB17.6229
State: District:		

Full Name (Last, First, Middle Initial) C. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address P.O. Box 68900		Amount of Each Disbursement this Period 155.10
City Seattle	State WA	
Zip Code 98168	Purpose of Disbursement Airfare	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
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 : SB17.6267
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 61 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. ALASKA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016		
Mailing Address P.O. Box 68900			Amount of Each Disbursement this Period 127.10		
City Seattle	State WA	Zip Code 98168	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6268		
Purpose of Disbursement Airfare		002 Category/Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. ALASKA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016		
Mailing Address P.O. Box 68900			Amount of Each Disbursement this Period 171.10		
City Seattle	State WA	Zip Code 98168	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6290		
Purpose of Disbursement Airfare		002 Category/Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. ALASKA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016		
Mailing Address P.O. Box 68900			Amount of Each Disbursement this Period 937.10		
City Seattle	State WA	Zip Code 98168	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6291		
Purpose of Disbursement Airfare		002 Category/Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 62 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016
Mailing Address P.O. Box 68900		Amount of Each Disbursement this Period 686.10
City Seattle	State WA	
Zip Code 98168	Purpose of Disbursement Airfare	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
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 : SB17.6304
State: District:		

Full Name (Last, First, Middle Initial) B. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address P.O. Box 68900		Amount of Each Disbursement this Period 3458.00
City Seattle	State WA	
Zip Code 98168	Purpose of Disbursement Airfare	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
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 : SB17.6374
State: District:		

Full Name (Last, First, Middle Initial) c. Alexandria Yellow Cab		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 3014 Colvin Street		Amount of Each Disbursement this Period 18.86
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
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 : SB17.6360
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 63 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016		
Mailing Address PO Box 1270			Amount of Each Disbursement this Period 4008.69		
City Newark	State NJ	Zip Code 07101	Category/Type 002		
Purpose of Disbursement Insurance		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6316			

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016		
Mailing Address PO Box 1270			Amount of Each Disbursement this Period 42.96		
City Newark	State NJ	Zip Code 07101	Category/Type 002		
Purpose of Disbursement Insurance		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6323			

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016		
Mailing Address PO Box 1270			Amount of Each Disbursement this Period 4008.69		
City Newark	State NJ	Zip Code 07101	Category/Type 001		
Purpose of Disbursement Credit Card Payment		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:		<input type="checkbox"/> Memo Item Transaction ID : SB17.6164			

SUBTOTAL of Disbursements This Page (optional).....	4008.69
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 64 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016		
Mailing Address PO Box 1270			Amount of Each Disbursement this Period 21.48		
City Newark	State NJ	Zip Code 07101	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6338		
Purpose of Disbursement Insurance		002 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016		
Mailing Address PO Box 1270			Amount of Each Disbursement this Period 21.48		
City Newark	State NJ	Zip Code 07101	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6349		
Purpose of Disbursement Insurance		002 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2016		
Mailing Address PO Box 1270			Amount of Each Disbursement this Period 53.70		
City Newark	State NJ	Zip Code 07101	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6384		
Purpose of Disbursement Insurance		002 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 65 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016	
Mailing Address PO Box 1270			Amount of Each Disbursement this Period 32.22	
City Newark	State NJ	Zip Code 07101	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6388	
Purpose of Disbursement Insurance		002 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016	
Mailing Address PO Box 1270			Amount of Each Disbursement this Period 12646.58	
City Newark	State NJ	Zip Code 07101	<input type="checkbox"/> Memo Item Transaction ID : SB17.6199	
Purpose of Disbursement Credit Card Payment		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. AMTRAK			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016	
Mailing Address 50 Massachusetts Avenue			Amount of Each Disbursement this Period 193.00	
City Washington	State DC	Zip Code 20002	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6246	
Purpose of Disbursement Transportation		002 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	12646.58
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 66 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address 50 Massachusetts Avenue		Amount of Each Disbursement this Period 43.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Transportation 002 Category/Type	
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 : SB17.6247
State: District:		

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address 50 Massachusetts Avenue		Amount of Each Disbursement this Period -48.60
City Washington State DC Zip Code 20002	Purpose of Disbursement Transportation 002 Category/Type	
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 : SB17.6250
State: District:		

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 50 Massachusetts Avenue		Amount of Each Disbursement this Period 484.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Transportation 002 Category/Type	
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 : SB17.6263
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 67 OF 127	
	<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)
McMorris Rodgers American Dream Project

A. AMTRAK

Full Name (Last, First, Middle Initial)
Mailing Address 50 Massachusetts Avenue

City Washington State DC Zip Code 20002

Purpose of Disbursement Transportation
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement: 04 / 19 / 2016

Amount of Each Disbursement this Period: 88.00

Memo Item

Transaction ID : SB17.6266

B. AMTRAK

Full Name (Last, First, Middle Initial)
Mailing Address 50 Massachusetts Avenue

City Washington State DC Zip Code 20002

Purpose of Disbursement Transportation
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement: 04 / 21 / 2016

Amount of Each Disbursement this Period: 130.00

Memo Item

Transaction ID : SB17.6272

C. AMTRAK

Full Name (Last, First, Middle Initial)
Mailing Address 50 Massachusetts Avenue

City Washington State DC Zip Code 20002

Purpose of Disbursement Transportation
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement: 04 / 25 / 2016

Amount of Each Disbursement this Period: 179.00

Memo Item

Transaction ID : SB17.6277

SUBTOTAL of Disbursements This Page (optional) 0.00

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 68 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 50 Massachusetts Avenue		Amount of Each Disbursement this Period 159.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Transportation 002 Category/Type	
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 : SB17.6289
State: District:		

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016
Mailing Address 50 Massachusetts Avenue		Amount of Each Disbursement this Period 176.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Transportation 002 Category/Type	
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 : SB17.6321
State: District:		

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 50 Massachusetts Avenue		Amount of Each Disbursement this Period 604.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Transportation 002 Category/Type	
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 : SB17.6332
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 69 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016
Mailing Address 50 Massachusetts Avenue		Amount of Each Disbursement this Period 556.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Transportation 002 Category/Type	
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 : SB17.6340
State: District:		

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2016
Mailing Address 50 Massachusetts Avenue		Amount of Each Disbursement this Period 420.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Transportation 002 Category/Type	
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 : SB17.6344
State: District:		

Full Name (Last, First, Middle Initial) C. APPLEJACK DINER		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 1725 Broadway Avenue		Amount of Each Disbursement this Period 51.85
City New York State NY Zip Code 10019	Purpose of Disbursement Food/Beverage 003 Category/Type	
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 : SB17.6351
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 70 OF 127	
	<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)
McMorris Rodgers American Dream Project

A. ASSURANCE CAB

Full Name (Last, First, Middle Initial)
Mailing Address 2192 Campbellton Rd SW

City Atlanta State GA Zip Code 30311

Purpose of Disbursement Transportation
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 02 / 2016

Amount of Each Disbursement this Period: 41.40

Memo Item

Transaction ID : SB17.6362

B. AVIS

Full Name (Last, First, Middle Initial)
Mailing Address 6 Sylvan Way #1

City Parsippany-Troy Hills State NJ Zip Code 07054

Purpose of Disbursement Transportation
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 10 / 2016

Amount of Each Disbursement this Period: 219.63

Memo Item

Transaction ID : SB17.6319

C. AVIS

Full Name (Last, First, Middle Initial)
Mailing Address 6 Sylvan Way #1

City Parsippany-Troy Hills State NJ Zip Code 07054

Purpose of Disbursement Transportation
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 29 / 2016

Amount of Each Disbursement this Period: 69.66

Memo Item

Transaction ID : SB17.6343

SUBTOTAL of Disbursements This Page (optional) 0.00

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 71 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Avondale Finance, LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016	
Mailing Address 100 TradeCenter Suite G-700			Amount of Each Disbursement this Period 329.20	
City Woburn	State MA	Zip Code 01801	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Event Expenses (See Memo)		Category/ Type 002	Transaction ID : SB17.6132	
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. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016	
Mailing Address 4255 Amon Carter Blvd.			Amount of Each Disbursement this Period 329.20	
City Fort Worth	State TX	Zip Code 76155	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Airfare		Category/ Type 002	Transaction ID : SB17.6132.0	
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. Avondale Finance, LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 100 TradeCenter Suite G-700			Amount of Each Disbursement this Period 518.00	
City Woburn	State MA	Zip Code 01801	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Event Expenses (See Memos)		Category/ Type 002	Transaction ID : SB17.6204	
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).....	847.20
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 72 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 4255 Amon Carter Blvd.			Amount of Each Disbursement this Period 246.00
City Fort Worth	State TX	Zip Code 76155	
Purpose of Disbursement Airfare		Category/ Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name			Transaction ID : SB17.6204.0
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. Lexington Hotel			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 511 Lexington Avenue			Amount of Each Disbursement this Period 272.00
City New York	State NY	Zip Code 10017	
Purpose of Disbursement Lodging		Category/ Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name			Transaction ID : SB17.6204.1
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. BB&T			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address PO Box 580340			Amount of Each Disbursement this Period 2373.49
City Charlotte	State NC	Zip Code 28258-0340	
Purpose of Disbursement Credit Card Payment		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			Transaction ID : SB17.6140
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).....	2373.49
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 73 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. BB&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address PO Box 580340		Amount of Each Disbursement this Period 1629.89
City Charlotte	State NC	
Zip Code 28258-0340	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.6141
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. BB&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address PO Box 580340		Amount of Each Disbursement this Period 3749.34
City Charlotte	State NC	
Zip Code 28258-0340	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.6143
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. BB&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016
Mailing Address PO Box 580340		Amount of Each Disbursement this Period 639.91
City Charlotte	State NC	
Zip Code 28258-0340	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.6155
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).....	6019.14
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 74 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. BB&T			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address PO Box 580340			Amount of Each Disbursement this Period 780.78
City Charlotte	State NC	Zip Code 28258-0340	
Purpose of Disbursement Credit Card Payment		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	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 : SB17.6192
State:	District:		

Full Name (Last, First, Middle Initial) B. BB&T			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address PO Box 580340			Amount of Each Disbursement this Period 1823.50
City Charlotte	State NC	Zip Code 28258-0340	
Purpose of Disbursement Credit Card Payment		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	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 : SB17.6193
State:	District:		

Full Name (Last, First, Middle Initial) C. BLACK ANGUS SPOKANE			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address 14724 E Indiana Ave			Amount of Each Disbursement this Period 106.45
City Spokane	State WA	Zip Code 99216	
Purpose of Disbursement Food/Beverage		Category/ Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	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 : SB17.6244
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	2604.28
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 75 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. BUDGET RENT-A-CAR			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016		
Mailing Address 6 Sylvan Way #1			Amount of Each Disbursement this Period 572.47		
City Parsippany-Troy Hills	State NJ	Zip Code 07054	<input checked="" type="checkbox"/> Memo Item		
Purpose of Disbursement Transportation		Category/Type 002	Transaction ID : SB17.6238		
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. CAIRO WINE & LIQUOR			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016		
Mailing Address 1618 17th Street NW			Amount of Each Disbursement this Period 523.28		
City Washington	State DC	Zip Code 20009	<input checked="" type="checkbox"/> Memo Item		
Purpose of Disbursement Food/Beverage		Category/Type 003	Transaction ID : SB17.6337		
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. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016		
Mailing Address 300 First Street, SE			Amount of Each Disbursement this Period 104.00		
City Washington	State DC	Zip Code 20003	<input checked="" type="checkbox"/> Memo Item		
Purpose of Disbursement Food/Beverage		Category/Type 003	Transaction ID : SB17.6224		
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).....	0.00
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 76 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016	
Mailing Address 300 First Street, SE			Amount of Each Disbursement this Period 148.20	
City Washington	State DC	Zip Code 20003	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6269	
Purpose of Disbursement Food/Beverage		003 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. CAREY EXECUTIVE LIMOUSINE			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016	
Mailing Address 245 University Ave SW			Amount of Each Disbursement this Period 75.51	
City Atlanta	State GA	Zip Code 30315	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6367	
Purpose of Disbursement Transportation		002 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. CHURCHILL`S STEAKHOUSE			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016	
Mailing Address 165 S Post Street			Amount of Each Disbursement this Period 460.05	
City Spokane	State WA	Zip Code 99201	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6242	
Purpose of Disbursement Food/Beverage		003 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 77 OF 127	
	<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)
McMorris Rodgers American Dream Project

A. Concentric Office, LLC

Full Name (Last, First, Middle Initial)
Mailing Address 8136 Old Keene Mill Road
Suite A300

City Springfield State VA Zip Code 22152

Purpose of Disbursement Compliance Services 001 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 30 / 2016

Amount of Each Disbursement this Period: 859.35

Memo Item

Transaction ID : SB17.6206

B. CORNER BAKERY

Full Name (Last, First, Middle Initial)
Mailing Address 500 N Capitol Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement Food/Beverage 003 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 27 / 2016

Amount of Each Disbursement this Period: 173.25

Memo Item

Transaction ID : SB17.6342

C. COSI

Full Name (Last, First, Middle Initial)
Mailing Address 601 Pennsylvania Ave NW
#2

City Washington State DC Zip Code 20004

Purpose of Disbursement Food/Beverage 003 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 12 / 2016

Amount of Each Disbursement this Period: 22.96

Memo Item

Transaction ID : SB17.6259

SUBTOTAL of Disbursements This Page (optional) 859.35

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 78 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. COSI		Date of Disbursement MM / DD / YYYY 04 / 12 / 2016
Mailing Address 601 Pennsylvania Ave NW #2		Amount of Each Disbursement this Period 74.60
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	
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 : SB17.6260
State: District:		

Full Name (Last, First, Middle Initial) B. DANIEL'S BROILER		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 10500 NE 8th Street #2100		Amount of Each Disbursement this Period 73.32
City Bellevue	State WA	
Zip Code 98004	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	
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 : SB17.6313
State: District:		

Full Name (Last, First, Middle Initial) C. Davis & Harman LLP		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 1455 Pennsylvania Ave NW #1200		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Facility Rental	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	
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 : SB17.6178
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	500.00
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 79 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. DC CAB		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address		Amount of Each Disbursement this Period 39.62
City	State Zip Code	
Purpose of Disbursement Transportation	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.6308	
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. DC TAXI		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address		Amount of Each Disbursement this Period 19.39
City	State Zip Code	
Purpose of Disbursement Transportation	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.6254	
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. DC TAXI		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address		Amount of Each Disbursement this Period 14.82
City	State Zip Code	
Purpose of Disbursement Transportation	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.6256	
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).....	0.00
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 80 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. DC TAXI		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address		Amount of Each Disbursement this Period 26.48
City	State Zip Code	
Purpose of Disbursement Transportation	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6399
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 405.60
City	State Zip Code	
Purpose of Disbursement Airfare	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6226
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 297.60
City	State Zip Code	
Purpose of Disbursement Airfare	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6248
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 81 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016		
Mailing Address 1030 Delta Blvd			Amount of Each Disbursement this Period 544.20		
City Atlanta	State GA	Zip Code 30354	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6334		
Purpose of Disbursement Airfare		002 Category/Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2016		
Mailing Address 1030 Delta Blvd			Amount of Each Disbursement this Period 862.20		
City Atlanta	State GA	Zip Code 30354	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6345		
Purpose of Disbursement Airfare		002 Category/Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016		
Mailing Address 1030 Delta Blvd			Amount of Each Disbursement this Period 1078.00		
City Atlanta	State GA	Zip Code 30354	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6352		
Purpose of Disbursement Airfare		002 Category/Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 82 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Maria I. Diesel			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016	
Mailing Address 1533 Johnnys Way			Amount of Each Disbursement this Period 174.79	
City West Chester	State PA	Zip Code 19382	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Event Mileage & Parking		Category/ Type 003		
Candidate Name			Transaction ID : SB17.6159	
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. Maria I. Diesel			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016	
Mailing Address 1533 Johnnys Way			Amount of Each Disbursement this Period 5938.00	
City West Chester	State PA	Zip Code 19382	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Consulting		Category/ Type 003		
Candidate Name			Transaction ID : SB17.6179	
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. EINSTEIN BROS BAGELS			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016	
Mailing Address 50 Massachusetts Avenue NE #101			Amount of Each Disbursement this Period 10.93	
City Washington	State DC	Zip Code 20002	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Meal		Category/ Type 002		
Candidate Name			Transaction ID : SB17.6348	
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).....	6112.79
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 83 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. ENTERPRISE RENT A CAR			Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016		
Mailing Address 2493 Fox Hill Rd			Amount of Each Disbursement this Period 321.66		
City State College	State PA	Zip Code 16803	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6376		
Purpose of Disbursement Transportation		002 Category/ Type			
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. FAR WEST TAXI			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016		
Mailing Address 2450 6th Ave S #200			Amount of Each Disbursement this Period 40.20		
City Seattle	State WA	Zip Code 98134	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6311		
Purpose of Disbursement Transportation		002 Category/ Type			
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. FEDEX			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016		
Mailing Address 942 South Shady Grove Road			Amount of Each Disbursement this Period 6.69		
City Memphis	State TN	Zip Code 38119	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6387		
Purpose of Disbursement Shipping		001 Category/ Type			
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 84 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. GEPETTO CATERING			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016		
Mailing Address 4505 Queensbury Road			Amount of Each Disbursement this Period 262.86		
City Riverdale	State MD	Zip Code 20737	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6295		
Purpose of Disbursement Catering		Category/ Type 003			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. GEPETTO CATERING			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016		
Mailing Address 4505 Queensbury Road			Amount of Each Disbursement this Period 322.59		
City Riverdale	State MD	Zip Code 20737	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6335		
Purpose of Disbursement Catering		Category/ Type 003			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. GRILLE DISTRICT			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2016		
Mailing Address National Airport			Amount of Each Disbursement this Period 20.60		
City Arlington	State VA	Zip Code 22202	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6300		
Purpose of Disbursement Food/Beverage		Category/ Type 002			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 85 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. HAMPTON INN			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016		
Mailing Address 30 Capital Drive			Amount of Each Disbursement this Period 397.38		
City Harrisburg	State PA	Zip Code 17110	Category/Type <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6369		
Purpose of Disbursement Lodging		002			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. HARRISBURG PARKING			Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016		
Mailing Address			Amount of Each Disbursement this Period 6.00		
City Harrisburg	State PA	Zip Code	Category/Type <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6373		
Purpose of Disbursement Transportation		002			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. HILTON GARDEN INN			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016		
Mailing Address 206 E 52nd Street			Amount of Each Disbursement this Period 32.70		
City New York	State NY	Zip Code 10022	Category/Type <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6306		
Purpose of Disbursement Lodging		002			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 86 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. HILTON GARDEN INN		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 206 E 52nd Street		Amount of Each Disbursement this Period 695.55
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
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 : SB17.6364
State: District:		

Full Name (Last, First, Middle Initial) B. HITCH TAXI DC		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address		Amount of Each Disbursement this Period 12.20
City Washington	State DC	
Zip Code	Purpose of Disbursement Transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
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 : SB17.6281
State: District:		

Full Name (Last, First, Middle Initial) C. HITCH TAXI DC		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address		Amount of Each Disbursement this Period 25.26
City Washington	State DC	
Zip Code	Purpose of Disbursement Transportation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
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 : SB17.6282
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 87 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. HITCH TAXI DC		Date of Disbursement MM / DD / YYYY 06 / 12 / 2016
Mailing Address		Amount of Each Disbursement this Period 19.86
City Washington	State DC	
Purpose of Disbursement Transportation	Category/ Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6392
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. HYATT HOTEL at OLIVE 8		Date of Disbursement MM / DD / YYYY 04 / 02 / 2016
Mailing Address 1635 8th Avenue		Amount of Each Disbursement this Period 195.00
City Seattle	State WA	
Purpose of Disbursement Lodging	Category/ Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6236
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Hyatt Regency Bellevue		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address 900 Bellevue Way NE		Amount of Each Disbursement this Period 561.06
City Bellevue	State WA	
Purpose of Disbursement Lodging	Category/ Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6314
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 88 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. LICKETY SPLIT		Date of Disbursement MM / DD / YYYY 06 / 03 / 2016
Mailing Address 2401 Smith Blvd.		Amount of Each Disbursement this Period 8.45
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Meal	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
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 : SB17.6365
State: District:		

Full Name (Last, First, Middle Initial) B. Lilly & Company		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 18297.16
City Austin	State TX	
Zip Code 78701	Purpose of Disbursement Event Expenses (See Memos)	<input type="checkbox"/> Memo Item
Candidate Name	003 Category/ Type	
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 : SB17.6152
State: District:		

Full Name (Last, First, Middle Initial) c. Thomas Graphcis, Inc.		Date of Disbursement MM / DD / YYYY 03 / 22 / 2016
Mailing Address PO Box 14226		Amount of Each Disbursement this Period 4712.12
City Austin	State TX	
Zip Code 78714	Purpose of Disbursement Printing	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/ Type	
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 : SB17.6152.0
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	18297.16
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 89 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address		Amount of Each Disbursement this Period 3130.43
City	State Zip Code	
Purpose of Disbursement Postage	Category/Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Transaction ID : SB17.6152.1
State: District:	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Texas Mailhouse, Inc.		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address PO Box 141248		Amount of Each Disbursement this Period 1187.81
City	State Zip Code Austin TX 78714	
Purpose of Disbursement Mailer	Category/Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Transaction ID : SB17.6152.2
State: District:	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) c. The Catering Company		Date of Disbursement MM / DD / YYYY 03 / 10 / 2016
Mailing Address 1407 North Zang Blvd		Amount of Each Disbursement this Period 1228.64
City	State Zip Code Dallas TX 75203	
Purpose of Disbursement Food/Beverage	Category/Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Transaction ID : SB17.6152.4
State: District:	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 90 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Prime Limo		Date of Disbursement MM / DD / YYYY 03 / 05 / 2016
Mailing Address 9233 Denton Drive Suite 400		Amount of Each Disbursement this Period 1134.00
City Dallas State TX Zip Code 75235	Purpose of Disbursement Transportation 002 Category/Type	
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 : SB17.6152.5
State: District:		

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement MM / DD / YYYY 03 / 09 / 2016
Mailing Address 2702 Love Field Drive		Amount of Each Disbursement this Period 207.98
City Dallas State TX Zip Code 75235	Purpose of Disbursement Airfare 002 Category/Type	
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 : SB17.6152.6
State: District:		

Full Name (Last, First, Middle Initial) c. Cotton Culinary		Date of Disbursement MM / DD / YYYY 03 / 09 / 2016
Mailing Address Corp. Sysco Office		Amount of Each Disbursement this Period 750.00
City Houston State TX Zip Code 77077	Purpose of Disbursement Catering 003 Category/Type	
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 : SB17.6152.7
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 91 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Courtyard Houston		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016
Mailing Address 16500 Hedgecroft Drive		Amount of Each Disbursement this Period 210.68
City Houston	State TX Zip Code 77060	
Purpose of Disbursement Lodging	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6152.9
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. San Antonio Country Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 4100 N New Braunfels Avenue		Amount of Each Disbursement this Period 2199.49
City San Antonio	State TX Zip Code 78209	
Purpose of Disbursement Food/Beverage	Category/Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6152.10
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. CAREY LIMOUSINE AUSTIN		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 4402 Nixon Lane		Amount of Each Disbursement this Period 1074.86
City Austin	State TX Zip Code 78726	
Purpose of Disbursement Transportation	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6152.11
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 92 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 285.30
City Memphis	State TN Zip Code 38119	
Purpose of Disbursement Shipping	Category/Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6152.12
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Lilly & Company		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 14.00
City Austin	State TX Zip Code 78701	
Purpose of Disbursement Printing	Category/Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6152.14
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. LOTTE NY PALACE ROOMS		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 455 Madison Avenue		Amount of Each Disbursement this Period 468.20
City New York	State NY Zip Code 10022	
Purpose of Disbursement Lodging	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6284
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 93 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. LYFT		Date of Disbursement MM / DD / YYYY 06 / 07 / 2016
Mailing Address 2300 Harrison Street		Amount of Each Disbursement this Period 5108.00
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Transportation	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6378
Candidate Name	Category/Type 002	
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. MC KENZIES FLOWERS		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 13537 Center Street		Amount of Each Disbursement this Period 83.25
City Weston	State OH	
Zip Code 43569	Purpose of Disbursement Floral	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6326
Candidate Name	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. Media Town Marketing		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 730 Arthur Street Newmarket Ontario		Amount of Each Disbursement this Period 5108.00
City CANADA	State ZZ	
Zip Code 99999	Purpose of Disbursement Online Fundraising	<input type="checkbox"/> Memo Item Transaction ID : SB17.6207
Candidate Name	Category/Type 003	
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).....	5108.00
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 94 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Mountain View Consulting			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016		
Mailing Address 1029 W. First Avenue #201			Amount of Each Disbursement this Period 12000.00		
City Spokane	State WA	Zip Code 99201	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraising Consulting		Category/ Type 003	Transaction ID : SB17.6180		
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. Mountain View Consulting			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016		
Mailing Address 1029 W. First Avenue #201			Amount of Each Disbursement this Period 3000.00		
City Spokane	State WA	Zip Code 99201	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraising Consulting		Category/ Type 003	Transaction ID : SB17.6208		
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. NEMACOLIN WOODLANDS RESORT			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2016		
Mailing Address 1001 Lafayette Drive			Amount of Each Disbursement this Period 385.24		
City Farmington	State PA	Zip Code 15437	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement Lodging		Category/ Type 002	Transaction ID : SB17.6394		
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).....	15000.00
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 95 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. NYC TAXI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>24</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		24		2016
M M	/	D D	/	Y Y Y Y									
04		24		2016									
Mailing Address		Amount of Each Disbursement this Period											
City State Zip Code New York NY		<table border="1"> <tr> <td>9.96</td> </tr> </table>		9.96									
9.96													
Purpose of Disbursement Transportation		<input checked="" type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : SB17.6274											
Office Sought:	House Senate President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										
State:	District:	<input type="checkbox"/> 002 Category/ Type											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. NYC TAXI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>25</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		25		2016
M M	/	D D	/	Y Y Y Y									
04		25		2016									
Mailing Address		Amount of Each Disbursement this Period											
City State Zip Code New York NY		<table border="1"> <tr> <td>27.85</td> </tr> </table>		27.85									
27.85													
Purpose of Disbursement Transportation		<input checked="" type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : SB17.6276											
Office Sought:	House Senate President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										
State:	District:	<input type="checkbox"/> 002 Category/ Type											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. NYC TAXI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>25</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		25		2016
M M	/	D D	/	Y Y Y Y									
04		25		2016									
Mailing Address		Amount of Each Disbursement this Period											
City State Zip Code New York NY		<table border="1"> <tr> <td>20.76</td> </tr> </table>		20.76									
20.76													
Purpose of Disbursement Transportation		<input checked="" type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : SB17.6278											
Office Sought:	House Senate President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										
State:	District:	<input type="checkbox"/> 002 Category/ Type											

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 96 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. OCCASIONS CATERING			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016		
Mailing Address 655 Taylor Street NE			Amount of Each Disbursement this Period 707.91		
City Washington	State DC	Zip Code 20017	<input checked="" type="checkbox"/> Memo Item		
Purpose of Disbursement Catering		Category/Type 003	Transaction ID : SB17.6331		
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. ORBITZ.COM			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016		
Mailing Address			Amount of Each Disbursement this Period 192.79		
City	State	Zip Code	<input checked="" type="checkbox"/> Memo Item		
Purpose of Disbursement Airfare		Category/Type 002	Transaction ID : SB17.6302		
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. PHILADELPHIA TAXI			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016		
Mailing Address			Amount of Each Disbursement this Period 8.85		
City	State	Zip Code	<input checked="" type="checkbox"/> Memo Item		
Purpose of Disbursement Transportation		Category/Type 002	Transaction ID : SB17.6286		
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)	0.00
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 97 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. PLAYWRIGHT ACT II			Date of Disbursement MM / DD / YYYY 04 / 26 / 2016
Mailing Address 202 W 49th Street			Amount of Each Disbursement this Period 16.00
City New York	State NY	Zip Code 10019	
Purpose of Disbursement Food/Beverage		Category/ Type 001	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6288
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. Plese Printing			Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 4201 E Trent Avenue			Amount of Each Disbursement this Period 1331.67
City Spokane	State WA	Zip Code 99202	
Purpose of Disbursement Printing		Category/ Type 003	<input type="checkbox"/> Memo Item Transaction ID : SB17.6181
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. PRET A MANGER			Date of Disbursement MM / DD / YYYY 04 / 25 / 2016
Mailing Address 1350 Avenue of the Americas			Amount of Each Disbursement this Period 7.50
City New York	State NY	Zip Code 10019	
Purpose of Disbursement Meal		Category/ Type 002	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6279
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).....	1331.67
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 98 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. SCR & Associates LLC		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 100 TradeCenter Suite G-700		Amount of Each Disbursement this Period 7000.00
City Woburn	State MA Zip Code 01801	
Purpose of Disbursement Fundraising Consulting	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6154
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. SECOND AVENUE DELI		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 1442 First Avenue		Amount of Each Disbursement this Period 127.83
City New York	State NY Zip Code 10021	
Purpose of Disbursement Food/Beverage	Category/Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6354
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Starbucks		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 100 Highland Park Shop Ctr Suite 101		Amount of Each Disbursement this Period 7.52
City Dallas	State TX Zip Code 75205	
Purpose of Disbursement Meal	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6303
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7000.00
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 99 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Starbucks		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 100 Highland Park Shop Ctr Suite 101		Amount of Each Disbursement this Period 9.64
City Dallas State TX Zip Code 75205	Purpose of Disbursement Meal Category/Type 002	
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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6309
State: District:		

Full Name (Last, First, Middle Initial) B. Emily R. Stier		Date of Disbursement MM / DD / YYYY 05 / 13 / 2016
Mailing Address 1860 N. Scott Street		Amount of Each Disbursement this Period 238.61
City Arlington State VA Zip Code 22209	Purpose of Disbursement Verizon Cell Phone Charges 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)	<input type="checkbox"/> Memo Item Transaction ID : SB17.6158
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement MM / DD / YYYY 04 / 10 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 29.30
City San Francisco State CA Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee Category/Type 003	
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)	<input type="checkbox"/> Memo Item Transaction ID : SB17.6134
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	267.91
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 100 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 29.30
City San Francisco	State CA	
Zip Code 94110		
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003
Candidate Name		
Office Sought:	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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 78.60
City San Francisco	State CA	
Zip Code 94110		
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003
Candidate Name		
Office Sought:	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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 43.80
City San Francisco	State CA	
Zip Code 94110		
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003
Candidate Name		
Office Sought:	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).....	151.70
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 101 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 29.30
City San Francisco State CA Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee Category/Type 003	
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 : SB17.6147
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 29.30
City San Francisco State CA Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee Category/Type 003	
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 : SB17.6148
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 156.90
City San Francisco State CA Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee Category/Type 003	
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 : SB17.6156
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	215.50
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 102 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 290.90
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : SB17.6157
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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 156.90
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : SB17.6162
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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 78.60
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : SB17.6184
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).....	526.40
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 103 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 145.30
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.6185
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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 380.50
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.6186
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. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.6187
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).....	529.00
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 104 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 14.80
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.6189
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. STRIPE		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 7.13
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.6194
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. STRIPE		Date of Disbursement MM / DD / YYYY 06 / 21 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 372.55
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.6195
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).....	394.48
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 105 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 29.30
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit Card Merchant Fee	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6196
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 29.30
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit Card Merchant Fee	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6197
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 14.80
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit Card Merchant Fee	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6200
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	73.40
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 106 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 58.60
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.6201
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. STRIPE		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 214.95
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.6202
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. STRIPE		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 152.30
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.6203
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).....	425.85
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 107 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 3180 18th Street			Amount of Each Disbursement this Period 78.60	
City San Francisco	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003		
Candidate Name			Transaction ID : SB17.6218	
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. SUNOCO			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2016	
Mailing Address			Amount of Each Disbursement this Period 29.70	
City Farmington	State PA	Zip Code	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Transportation		Category/ Type 002		
Candidate Name			Transaction ID : SB17.6396	
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. The Catalyst Group RW, LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016	
Mailing Address 600 Pennsylvania Avenue, SE Suite 330			Amount of Each Disbursement this Period 840.03	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Event Expenses (See Memos)		Category/ Type 003		
Candidate Name			Transaction ID : SB17.6150	
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).....	918.63
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 108 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Mastro's Steakhouse		Date of Disbursement MM / DD / YYYY 02 / 15 / 2016
Mailing Address 600 13th Street NW		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	
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 : SB17.6150.0
State: District:		

Full Name (Last, First, Middle Initial) B. GEPPETTO CATERING		Date of Disbursement MM / DD / YYYY 03 / 23 / 2016
Mailing Address 4505 Queensbury Road		Amount of Each Disbursement this Period 340.03
City Riverdale	State MD	
Zip Code 20737	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	
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 : SB17.6150.1
State: District:		

Full Name (Last, First, Middle Initial) c. The Catalyst Group RW, LLC		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 600 Pennsylvania Avenue, SE Suite 330		Amount of Each Disbursement this Period 3206.06
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Event Expenses (See Memos)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	
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 : SB17.6151
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3206.06
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 109 OF 127			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20				

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Main Event Catering		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 3870 Four Mile Run Drive		Amount of Each Disbursement this Period 595.10
City Arlington	State VA	
Zip Code 22206	Purpose of Disbursement Catering	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/ Type	
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 : SB17.6151.0
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 220.29
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/ Type	
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 : SB17.6151.1
State: District:		

Full Name (Last, First, Middle Initial) C. Bistro Bis		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 15 E Street NW		Amount of Each Disbursement this Period 908.32
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Food/Beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	003 Category/ Type	
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 : SB17.6151.2
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 110 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016	
Mailing Address 300 First Street, SE			Amount of Each Disbursement this Period 42.25	
City Washington	State DC	Zip Code 20003	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6151.3	
Purpose of Disbursement Food/Beverage		Category/ Type 003		
Candidate Name				
Office Sought:	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. Rosa Mexicana			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016	
Mailing Address 575 7th Street NW			Amount of Each Disbursement this Period 876.65	
City Washington	State DC	Zip Code 20004	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6151.4	
Purpose of Disbursement Catering		Category/ Type 003		
Candidate Name				
Office Sought:	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. AMTRAK			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2016	
Mailing Address 50 Massachusetts Avenue			Amount of Each Disbursement this Period 272.00	
City Washington	State DC	Zip Code 20002	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6151.5	
Purpose of Disbursement Transportation		Category/ Type 002		
Candidate Name				
Office Sought:	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).....	0.00
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 111 OF 127			
	<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)
McMorris Rodgers American Dream Project

A. AMTRAK

Full Name (Last, First, Middle Initial)
Mailing Address 50 Massachusetts Avenue

City Washington State DC Zip Code 20002

Purpose of Disbursement Transportation
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 26 / 2016

Amount of Each Disbursement this Period: 189.00

Memo Item

Transaction ID : SB17.6151.7

B. The Catalyst Group RW, LLC

Full Name (Last, First, Middle Initial)
Mailing Address 600 Pennsylvania Avenue, SE Suite 330

City Washington State DC Zip Code 20003

Purpose of Disbursement Event Expenses (See Memos)
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2016

Amount of Each Disbursement this Period: 3827.44

Memo Item

Transaction ID : SB17.6175

c. Charlie Palmer Steak

Full Name (Last, First, Middle Initial)
Mailing Address 101 Constitution Avenue NW Fl 1

City Washington State DC Zip Code 20001

Purpose of Disbursement Food/Beverage
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 10 / 2016

Amount of Each Disbursement this Period: 849.24

Memo Item

Transaction ID : SB17.6175.0

SUBTOTAL of Disbursements This Page (optional) 3827.44

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 112 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. Charlie Palmer Steak		Date of Disbursement MM / DD / YYYY 05 / 17 / 2016
Mailing Address 101 Constitution Avenue NW FI 1		Amount of Each Disbursement this Period 2228.20
City Washington State DC Zip Code 20001	Purpose of Disbursement Food/Beverage Category/Type 003	
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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6175.1
State: District:		

Full Name (Last, First, Middle Initial) B. Mastro's Steakhouse		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016
Mailing Address 600 13th Street NW		Amount of Each Disbursement this Period 750.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Food/Beverage Category/Type 003	
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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6175.2
State: District:		

Full Name (Last, First, Middle Initial) c. The Catalyst Group RW, LLC		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 600 Pennsylvania Avenue, SE Suite 330		Amount of Each Disbursement this Period 21000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Consulting Category/Type 003	
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)	<input type="checkbox"/> Memo Item Transaction ID : SB17.6176
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	21000.00
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 113 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. The Catalyst Group RW, LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 600 Pennsylvania Avenue, SE Suite 330			Amount of Each Disbursement this Period 7000.00	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Consulting		Category/Type 003	Transaction ID : SB17.6209	
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. THE DAVENPORT HOTEL			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016	
Mailing Address 10 S Post Street			Amount of Each Disbursement this Period 78.85	
City Spokane	State WA	Zip Code 99201	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Food/Beverage		Category/Type 003	Transaction ID : SB17.6240	
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. THE DAVENPORT HOTEL			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016	
Mailing Address 10 S Post Street			Amount of Each Disbursement this Period 426.03	
City Spokane	State WA	Zip Code 99201	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Lodging		Category/Type 002	Transaction ID : SB17.6249	
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).....	7000.00
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 114 OF 127			
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial)
A. TRAVEL INSURANCE POLICY

Mailing Address P.O. Box 72045

City Richmond State VA Zip Code 23255

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 10 / 2016

Amount of Each Disbursement this Period: 20.19

Memo Item

Transaction ID : SB17.6385

Category/Type: 002

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

Mailing Address

City State Zip Code

Purpose of Disbursement Floral

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 14 / 2016

Amount of Each Disbursement this Period: 81.90

Memo Item

Transaction ID : SB17.6262

Category/Type: 001

Full Name (Last, First, Middle Initial)
c. Tributestore.com

Mailing Address

City State Zip Code

Purpose of Disbursement Floral

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 16 / 2016

Amount of Each Disbursement this Period: 98.90

Memo Item

Transaction ID : SB17.6324

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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 115 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 11.02
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6231
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 8.84
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6232
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 405 Howard Street		Amount of Each Disbursement this Period 6.08
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.6233
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 116 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 0.00	
City San Francisco	State CA	Zip Code 94105	Category/Type 002	
Purpose of Disbursement Transportation			<input checked="" type="checkbox"/> Memo Item	
Candidate Name			Transaction ID : SB17.6234	
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. UBER TECHNOLOGIES, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 15.00	
City San Francisco	State CA	Zip Code 94105	Category/Type 002	
Purpose of Disbursement Transportation			<input checked="" type="checkbox"/> Memo Item	
Candidate Name			Transaction ID : SB17.6257	
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. UBER TECHNOLOGIES, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 7.65	
City San Francisco	State CA	Zip Code 94105	Category/Type 002	
Purpose of Disbursement Transportation			<input checked="" type="checkbox"/> Memo Item	
Candidate Name			Transaction ID : SB17.6264	
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).....	0.00
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 117 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 3.48	
City San Francisco	State CA	Zip Code 94105	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6265	
Purpose of Disbursement Transportation		002 Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 14.51	
City San Francisco	State CA	Zip Code 94105	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6292	
Purpose of Disbursement Transportation		002 Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 15.67	
City San Francisco	State CA	Zip Code 94105	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6293	
Purpose of Disbursement Transportation		002 Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 118 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 9.04	
City San Francisco	State CA	Zip Code 94105	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement Transportation		Category/ Type 002	Transaction ID : SB17.6298	
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. UBER TECHNOLOGIES, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 11.00	
City San Francisco	State CA	Zip Code 94105	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement Transportation		Category/ Type 002	Transaction ID : SB17.6317	
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. UBER TECHNOLOGIES, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 10.87	
City San Francisco	State CA	Zip Code 94105	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement Transportation		Category/ Type 002	Transaction ID : SB17.6322	
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).....	0.00
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 119 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016	
Mailing Address 405 Howard Street			Amount of Each Disbursement this Period 14.67	
City San Francisco	State CA	Zip Code 94105	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6329	
Purpose of Disbursement Transportation		002 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. UNION LEAGUE OF PHILADELPHIA			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016	
Mailing Address 140 S. Broad Street			Amount of Each Disbursement this Period 3249.14	
City Philadelphia	State PA	Zip Code 19102	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6271	
Purpose of Disbursement Catering		003 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. United Airlines			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016	
Mailing Address 233 South Wacker Drive			Amount of Each Disbursement this Period 1610.40	
City Chicago	State IL	Zip Code 60606	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6320	
Purpose of Disbursement Airfare		002 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 120 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. VTS DISTRICT CAB		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address		Amount of Each Disbursement this Period 23.32
City	State Zip Code	
Purpose of Disbursement Transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Category/Type 002		
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 : SB17.6356
State: District:		

Full Name (Last, First, Middle Initial) B. VTS PHILADELPHIA TAXI		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address		Amount of Each Disbursement this Period 8.17
City	State Zip Code	
Purpose of Disbursement Transportation	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Category/Type 002		
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 : SB17.6252
State: District:		

Full Name (Last, First, Middle Initial) C. WALT DISNEY WORLD		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address Walt Disney World Resort		Amount of Each Disbursement this Period 1000.00
City	State Zip Code Orlando FL 32830	
Purpose of Disbursement Lodging	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Category/Type 003		
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 : SB17.6297
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 121 OF 127	
	<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)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. WEGMANS			Date of Disbursement MM / DD / YYYY 06 / 06 / 2016	
Mailing Address 201 William Street			Amount of Each Disbursement this Period 8.47	
City Williamsport	State PA	Zip Code 17701	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6371	
Purpose of Disbursement Meal		Category/ Type 002		
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. Yellow Cab of DC			Date of Disbursement MM / DD / YYYY 04 / 01 / 2016	
Mailing Address 1636 Bladensburg Rd NE			Amount of Each Disbursement this Period 53.30	
City Washington	State DC	Zip Code 20002	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6228	
Purpose of Disbursement Transportation		Category/ Type 002		
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. ZAZZLE.COM			Date of Disbursement MM / DD / YYYY 05 / 16 / 2016	
Mailing Address 1900 Seaport Blvd Floor 4			Amount of Each Disbursement this Period 26.94	
City Redwood City	State CA	Zip Code 94063	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6328	
Purpose of Disbursement Office Supplies		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).....	0.00
TOTAL This Period (last page this line number only).....	136001.48

**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 122 OF 127
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. CATHY MCMORRIS RODGERS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address BOX 137		Amount of Each Disbursement this Period 31605.47 <input type="checkbox"/> Memo Item Transaction ID : SB18.6168
City SPOKANE State WA Zip Code 99210	Purpose of Disbursement JFC Distribution 011 Category/Type	
Candidate Name CATHY MCMORRIS RODGERS	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: WA District: 05		

Full Name (Last, First, Middle Initial) B. CATHY MCMORRIS RODGERS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address BOX 137		Amount of Each Disbursement this Period 10088.63 <input type="checkbox"/> Memo Item Transaction ID : SB18.6169
City SPOKANE State WA Zip Code 99210	Purpose of Disbursement JFC Distribution 011 Category/Type	
Candidate Name CATHY MCMORRIS RODGERS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 05		

Full Name (Last, First, Middle Initial) C. CATHY MCMORRIS RODGERS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address BOX 137		Amount of Each Disbursement this Period 56115.93 <input type="checkbox"/> Memo Item Transaction ID : SB18.6210
City SPOKANE State WA Zip Code 99210	Purpose of Disbursement JFC Distribution 011 Category/Type	
Candidate Name CATHY MCMORRIS RODGERS	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: WA District: 05		

SUBTOTAL of Disbursements This Page (optional).....	97810.03
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 123 OF 127
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. CATHY MCMORRIS RODGERS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address BOX 137		Amount of Each Disbursement this Period 19955.06 <input type="checkbox"/> Memo Item Transaction ID : SB18.6211
City SPOKANE	State WA	
Zip Code 99210	Purpose of Disbursement JFC Distribution	Category/ Type 011
Candidate Name CATHY MCMORRIS RODGERS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 05	

Full Name (Last, First, Middle Initial) B. CATHY MCMORRIS RODGERS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address BOX 137		Amount of Each Disbursement this Period 14322.16 <input type="checkbox"/> Memo Item Transaction ID : SB18.6219
City SPOKANE	State WA	
Zip Code 99210	Purpose of Disbursement JFC Distribution	Category/ Type 011
Candidate Name CATHY MCMORRIS RODGERS		
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: WA	District: 05	

Full Name (Last, First, Middle Initial) C. CATHY MCMORRIS RODGERS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address BOX 137		Amount of Each Disbursement this Period 4674.60 <input type="checkbox"/> Memo Item Transaction ID : SB18.6220
City SPOKANE	State WA	
Zip Code 99210	Purpose of Disbursement JFC Distribution	Category/ Type 011
Candidate Name CATHY MCMORRIS RODGERS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 05	

SUBTOTAL of Disbursements This Page (optional).....	38951.82
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 124 OF 127
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial)
A. CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement JFC Distribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 31 / 2016

Amount of Each Disbursement this Period: 14986.43

Memo Item

Transaction ID : SB18.6171

Full Name (Last, First, Middle Initial)
B. CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement JFC Distribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 30 / 2016

Amount of Each Disbursement this Period: 40466.96

Memo Item

Transaction ID : SB18.6212

Full Name (Last, First, Middle Initial)
C. CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement JFC Distribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 30 / 2016

Amount of Each Disbursement this Period: 2685.41

Memo Item

Transaction ID : SB18.6221

SUBTOTAL of Disbursements This Page (optional)..... 58138.80

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 125 OF 127
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. NRCC		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 50359.44
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement JFC Distribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 011	Transaction ID : SB18.6172
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. NRCC		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 98542.08
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement JFC Distribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 011	Transaction ID : SB18.6173
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. NRCC		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 9544.43
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement JFC Distribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 011	Transaction ID : SB18.6174
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).....	158445.95
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 126 OF 127
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. NRCC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 47649.41
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement JFC Distribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 011	Transaction ID : SB18.6213
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. NRCC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 83264.73
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement JFC Distribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 011	Transaction ID : SB18.6214
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. NRCC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 8064.73
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement JFC Distribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 011	Transaction ID : SB18.6215
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).....	138978.87
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 127 OF 127
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McMorris Rodgers American Dream Project

Full Name (Last, First, Middle Initial) A. NRCC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 4575.14
City WASHINGTON	State DC	
Purpose of Disbursement JFC Distribution	Zip Code 20003	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 011	Transaction ID : SB18.6222
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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).....	4575.14
TOTAL This Period (last page this line number only).....	496900.61