

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

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

ADDRESS (number and street)

PO BOX 741

Check if different than previously reported. (ACC)

BATON ROUGE

LA

70821

2. FEC IDENTIFICATION NUMBER

C C00555474

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED

LA 06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY through MM/DD/YYYY

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 TELLY LOVELACE

Signature of Treasurer TELLY LOVELACE

[Electronically Filed]

Date

MM/DD/YYYY

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

Table with 7 columns and 1 row for Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	126702.19	135387.19
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	126702.19	135387.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	45188.41	52658.68
(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)).....	45188.41	52658.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	82403.51	
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).....	100001.06	

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

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25655.00	32725.00
(ii) Unitemized.....	97547.19	98812.19
(iii) TOTAL of contributions from individuals ▶	123202.19	131537.19
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3500.00	3500.00
(d) The Candidate.....	0.00	350.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	126702.19	135387.19
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)..... ▶	126702.19	135387.19

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45188.41	52658.68
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
21. OTHER DISBURSEMENTS	325.00	325.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	45513.41	52983.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1214.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	126702.19
25. SUBTOTAL (add Line 23 and Line 24).....	127916.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45513.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	82403.51

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 42
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kimberly Bellissimo

Mailing Address 1155 15th St NW, Suite 410

City Washington State DC Zip Code 20005

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

Name of Employer Base Connect Occupation Marketing Exec

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
MR Thomas Berryman

Mailing Address P O Box 787

City Ashland State KS Zip Code 67831

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

Name of Employer TRC Ranch Occupation Rancher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.4309

Amount of Each Receipt this Period
 200.00

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

Mailing Address P O Box 787

City Ashland State KS Zip Code 67831

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

Name of Employer TRC Ranch Occupation Rancher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period
 500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

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

Mailing Address 1325 G STREET, N.W.
SUITE 500

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00300921

Name of Employer BAMPAC Occupation Political Action Committee

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR BAYARD BOSSERMAN

Mailing Address 304 N 7TH AVE

City IOWA CITY State IA Zip Code 52245

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.4274

Amount of Each Receipt this Period
250.00

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

Mailing Address 2129 12TH AVE E

City HIBBING State MN Zip Code 55746

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.4291

Amount of Each Receipt this Period
210.00

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

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

1460.00

**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 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRANK O BRIDWELL

Mailing Address 4323 IRVING AVE

City State Zip Code
DALLAS TX 75219

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.4284

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
HAROLD G BROWN

Mailing Address 1336 WALNUT ST

City State Zip Code
KINGMAN KS 67068

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11AI.4633

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
HAROLD G BROWN

Mailing Address 1336 WALNUT ST

City State Zip Code
KINGMAN KS 67068

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11AI.4640

Amount of Each Receipt this Period
100.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
W P P BUCKTHAL

Mailing Address 900 S LINCOLN ST

City State Zip Code
AMARILLO TX 79101

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

Name of Employer Occupation
BEST EFFORTS BEST EFFORTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period
500.00

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

Mailing Address 8712 Glenmora Dr

City State Zip Code
Shreveport LA 71106

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

Name of Employer Occupation
Self Employed Orthopedic Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period
500.00

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

Mailing Address 1628 MEADOW VIEW DR

City State Zip Code
MEDFORD OR 97504

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

Name of Employer Occupation
THE IDI GROUP PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.4268

Amount of Each Receipt this Period
500.00

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 9 OF 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SUE M CANNON

Mailing Address **6420 W LAKERIDGE RD**

City **LAKEWOOD** State **CO** Zip Code **80227**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.4260

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SUE M CANNON

Mailing Address **6420 W LAKERIDGE RD**

City **LAKEWOOD** State **CO** Zip Code **80227**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period
1000.00

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

Mailing Address **1209 ALDEBARAN DR**

City **MC LEAN** State **VA** Zip Code **22101**

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

Name of Employer **SELF** Occupation **CPA**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11AI.4264

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DONALD CRAWFORD

Mailing Address **PO BOX 3003**

City **BLUE BELL** State **PA** Zip Code **19422**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period
500.00

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

Mailing Address **19819 Southern Hills Ave.**

City **Baton Rouge** State **LA** Zip Code **70809**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Mailing Address **PO BOX 741**

City **BATON ROUGE** State **LA** Zip Code **70821**

FEC ID number of contributing federal political committee. **C C00555474**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
875.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : SA11AI.9942

Amount of Each Receipt this Period
875.00
 In-kind - legal services: CISCO debt dispute

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

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

2375.00

**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 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MIKE FERRIS

Mailing Address 2264 HIGHWAY 6 AND 50

City GRAND JUNCTION State CO Zip Code 81505

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.4573

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
VIRIGINIA FROELKER JR

Mailing Address 4496 BIG CREEK RD

City GERALD State MO Zip Code 63037

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.4272

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MRS BETTY GARDNER

Mailing Address 1572 GOODIN HOLLOW RD

City NOEL State MO Zip Code 64854

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.6241

Amount of Each Receipt this Period
35.00

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

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

385.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT W GARTHWAIT SR

Mailing Address **PO BOX 1367**

City **WATERBURY** State **CT** Zip Code **06721**

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

Name of Employer **CLY DEL MFG CO** Occupation **CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.4257

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ALONZO E GATES II

Mailing Address **785 BURR RD**

City **SAN ANTONIO** State **TX** Zip Code **78209**

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

Name of Employer **SELF** Occupation **RANCHER AND ENERGY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period
5200.00

C. Full Name (Last, First, Middle Initial)
MS LISE M GOGA

Mailing Address **95-1089 PAEMOKU PL**

City **MILILANI** State **HI** Zip Code **96789**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period
250.00

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

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

5950.00

**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 13 OF 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT GRANDPRE

Mailing Address 606 SHOREWOOD DR UNIT 508

City CAPE CANAVERAL	State FL	Zip Code 32920
------------------------	-------------	-------------------

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

Name of Employer BEST EFFORTS	Occupation BEST EFFORTS
----------------------------------	----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.4469

Amount of Each Receipt this Period
100.00

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

Mailing Address 2728 McKinnon #2002

City Dallas	State TX	Zip Code 75201
----------------	-------------	-------------------

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

Name of Employer Source One Spares	Occupation Executive
---------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ARLEY R HARTSOCH

Mailing Address 5505 113TH DR NW

City RAY	State ND	Zip Code 58849
-------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation RETIRED
-----------------------------------	-----------------------

Receipt For: 2014
 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 / 2014

Transaction ID : SA11AI.4671

Amount of Each Receipt this Period
100.00

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

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

700.00

**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 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ELLA M HELM

Mailing Address 3385 HALLMARK DR SE

City MARIETTA State GA Zip Code 30067

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
ELLA M HELM

Mailing Address 3385 HALLMARK DR SE

City MARIETTA State GA Zip Code 30067

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.4549

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
ELLA M HELM

Mailing Address 3385 HALLMARK DR SE

City MARIETTA State GA Zip Code 30067

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
385.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.6340

Amount of Each Receipt this Period
35.00

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

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

210.00

**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 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ELLA M HELM

Mailing Address 3385 HALLMARK DR SE

City MARIETTA State GA Zip Code 30067

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **460.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11AI.4706

Amount of Each Receipt this Period
75.00

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

Mailing Address 15815 Woodwick Ave.

City Baton Rouge State LA Zip Code 70816

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

Name of Employer Best efforts Occupation Best efforts

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROBERT A KRANE

Mailing Address 26223 N LOREDO LN

City RIO VERDE State AZ Zip Code 85263

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period
100.00

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

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

425.00

**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 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT A KRANE

Mailing Address 26223 N LOREDO LN

City RIO VERDE State AZ Zip Code 85263

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11AI.4595

Amount of Each Receipt this Period
100.00

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

Mailing Address 18721 E BUCKSKIN DR
P O BOX 32063

City RIO VERDE State AZ Zip Code 85263

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

Name of Employer SELF Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11AI.4287

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ALVIN E MCQUINN

Mailing Address 1551 GULF SHORE BLVD S

City NAPLES State FL Zip Code 34102

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

Name of Employer Best efforts Occupation INVESTMENT MGR & TRADER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period
500.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Allen Miller		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 28 / 2014
Mailing Address 7621 Arlen St.		Transaction ID : SA11AI.4152
City Annandale	State VA	
Zip Code 22003		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C	Occupation Marketing Exec	
Name of Employer Base Connect	Election Cycle-to-Date 300.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Michael Miller		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2014
Mailing Address 7181 Richard Dr.		Transaction ID : SA11AI.4136
City Baton Rouge	State LA	
Zip Code 70809		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	Occupation Best efforts	
Name of Employer Best efforts	Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. William Mills		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2014
Mailing Address P O Box 52592		Transaction ID : SA11AI.4126
City Lafayette	State LA	
Zip Code 70505		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C	Occupation Owner	
Name of Employer MPW Properties	Election Cycle-to-Date 1500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2800.00
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 18 OF 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TOMAS MOLIN

Mailing Address 9005 N STATE ROAD 135

City MORGANTOWN State IN Zip Code 46160

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.4276

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM O'KEEFFE

Mailing Address 820 LAGUNA HONDA BLVD

City SAN FRANCISCO State CA Zip Code 94127

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

Name of Employer BEST EFFORTS Occupation BEST EFFORTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : SA11AI.4249

Amount of Each Receipt this Period
 500.00

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

Mailing Address 5404 HOLLY ST

City BELLAIRE State TX Zip Code 77401

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

Name of Employer PETRO ENG Occupation PETRO ENG

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11AI.4280

Amount of Each Receipt this Period
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR PAUL PEELER

Mailing Address 11649 LEOPARD ST STE 3

City State Zip Code
CRP CHRISTI TX 78410

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

Name of Employer Occupation
SELF CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.4253

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR PAUL PEELER

Mailing Address 11649 LEOPARD ST STE 3

City State Zip Code
CRP CHRISTI TX 78410

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

Name of Employer Occupation
SELF CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.4285

Amount of Each Receipt this Period
250.00

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

Mailing Address 3491 CREEKVIEW DR

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11AI.4262

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

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

Mailing Address 1333 Rosedale Ave

City State Zip Code
Bronx NY 10472

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

Name of Employer Occupation
HHC Clerical Associate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2014

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period
250.00

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

Mailing Address 100 BREEZY HILL RD

City State Zip Code
COLLINSVILLE CT 06019

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.4278

Amount of Each Receipt this Period
250.00

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

Mailing Address 16541 HERON COACH WAY APT 507

City State Zip Code
FORT MYERS FL 33908

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

Name of Employer Occupation
SELF EMPLOYED PETROLEUM GEOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11AI.4266

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN R TEMPLEMAN

Mailing Address 751 MORNINGSIDE DR

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA11AI.5394

Amount of Each Receipt this Period
50.00

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

Mailing Address 7081 Modesto Ave

City Baton Rouge State LA Zip Code 70811

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period
500.00

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

Mailing Address 7081 Modesto Ave

City Baton Rouge State LA Zip Code 70811

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period
150.00

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

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

700.00

**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 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DeCohen Troy		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2014	
Mailing Address 419 Union Ave.		Transaction ID : SA11AI.4112	
City Mt. Vernon	State NY	Zip Code 10550	Amount of Each Receipt this Period _____ _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self-employed	Occupation Self-employed		
Receipt For: 2014 <input checked="" 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. NEIL J VOLWIEDER		Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 21 WOODHOLLOW RD		Transaction ID : SA11AI.4270	
City PRINCETON JUNCTION	State NJ	Zip Code 08550	Amount of Each Receipt this Period _____ _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) C. NEIL J VOLWIEDER		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address 21 WOODHOLLOW RD		Transaction ID : SA11AI.4626	
City PRINCETON JUNCTION	State NJ	Zip Code 08550	Amount of Each Receipt this Period _____ _____ 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 350.00		

SUBTOTAL of Receipts This Page (optional).....	_____ _____ 850.00
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 42
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MERLE WAIT

Mailing Address **PO BOX 545**

City **PROTECTION** State **KS** Zip Code **67127**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period
250.00

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

Mailing Address **15560 Dogwood Rd.**

City **Bay Minette** State **AL** Zip Code **36507**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

750.00

25655.00

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

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

FOR LINE NUMBER: PAGE 24 OF 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Freedom Defense Fund

Mailing Address 29243 St. Just Drive

City State Zip Code
Unionville VA 22567

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11C.4146

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 31441 SANTA MARGARITA PWKY, #A-323

City State Zip Code
RANCHO STA MARGARI CA 92688

FEC ID number of contributing federal political committee. **C** C00491605

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.4194

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Mailing Address PO BOX 295

City State Zip Code
CHRISTIANSTED VI 00821

FEC ID number of contributing federal political committee. **C** C00553560

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11C.4144

Amount of Each Receipt this Period
 1000.00

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

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

3500.00

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 42			
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Amazon			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 1522 2nd Ave			Amount of Each Disbursement this Period 19.57
City Seattle	State WA	Zip Code 98111	
Purpose of Disbursement Snacks for canvassing volunteers		Candidate Name	Transaction ID : SB17.9876
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. Amazon			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 1522 2nd Ave			Amount of Each Disbursement this Period 30.48
City Seattle	State WA	Zip Code 98111	
Purpose of Disbursement Supplies for canvassing volunteers		Candidate Name	Transaction ID : SB17.9877
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. Amazon			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 1522 2nd Ave			Amount of Each Disbursement this Period -30.48
City Seattle	State WA	Zip Code 98111	
Purpose of Disbursement Supplies for canvassing volunteers		Candidate Name	Transaction ID : SB17.22216
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).....	19.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 42	
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address		Amount of Each Disbursement this Period -50.00
City	State Zip Code	
Purpose of Disbursement airfare for travel	Candidate Name	Transaction ID : SB17.22229
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Amtrack		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 50 Massachusetts Ave NW		Amount of Each Disbursement this Period 204.00
City	State Zip Code	
Purpose of Disbursement Train Ticket Travel to DC	Candidate Name	Transaction ID : SB17.9885
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CAPITOL CAGING CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 504 Shaw Rd Ste 217		Amount of Each Disbursement this Period 748.00
City	State Zip Code	
Purpose of Disbursement Indirect Program Expenses:Caging & Escrow	Candidate Name	Transaction ID : SB17.9896
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	902.00
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 27 OF 42			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL CAGING CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 504 Shaw Rd Ste 217		Amount of Each Disbursement this Period 40.60
City Sterling	State VA Zip Code 20166	
Purpose of Disbursement Indirect Program Expenses:Caging & Escrow		Transaction ID : SB17.9897
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. CAPITOL CAGING CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 504 Shaw Rd Ste 217		Amount of Each Disbursement this Period 35.62
City Sterling	State VA Zip Code 20166	
Purpose of Disbursement Indirect Program Expenses:Caging & Escrow		Transaction ID : SB17.9898
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 CAGING CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 504 Shaw Rd Ste 217		Amount of Each Disbursement this Period 41.14
City Sterling	State VA Zip Code 20166	
Purpose of Disbursement Indirect Program Expenses:Caging & Escrow		Transaction ID : SB17.9899
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).....	117.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 42			
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CENTURY DATA MAILING SERVICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1115 15th St. NW Ste 410		Amount of Each Disbursement this Period 10568.62
City Washington State DC Zip Code 20005	Purpose of Disbursement Direct Mail Program:Postage	
Candidate Name	Category/Type	Transaction ID : SB17.9901
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CENTURY DATA MAILING SERVICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 1115 15th St. NW Ste 410		Amount of Each Disbursement this Period 12858.39
City Washington State DC Zip Code 20005	Purpose of Disbursement Direct Mail Program:Postage	
Candidate Name	Category/Type	Transaction ID : SB17.9902
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 1593 SPRING HILL RD, #400		Amount of Each Disbursement this Period 10.75
City VIENNA State VA Zip Code 22182	Purpose of Disbursement Merchant Fees	
Candidate Name	Category/Type	Transaction ID : SB17.9809
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	23437.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 42			
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1593 SPRING HILL RD, #400		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.9816
City VIENNA State VA Zip Code 22182	Purpose of Disbursement Credit Card Processing Services	
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) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 1593 SPRING HILL RD, #400		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.9878
City VIENNA State VA Zip Code 22182	Purpose of Disbursement Credit Card Processing Services	
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. Conservative Nation LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 723 McCulla St		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.9938
City Thibodaux State LA Zip Code 70301	Purpose of Disbursement Political strategy consulting	
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).....	2600.00
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 30 OF 42	
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CONSOLIDATED MAILING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 504 ShawRd Ste 206		Amount of Each Disbursement this Period 7865.89
City Sterling	State VA Zip Code 20166	
Purpose of Disbursement Direct Mail Program:Printing & Mailshop		Transaction ID : SB17.9904
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 / 16 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 403.50
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare Travel		Transaction ID : SB17.9818
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 05 / 16 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 403.50
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare Travel		Transaction ID : SB17.9819
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).....	8672.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 42		
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 25.00
City Atlanta	State GA	
Zip Code 30354	Purpose of Disbursement Airfare Travel	Transaction ID : SB17.9841
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) B. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 60.00
City Atlanta	State GA	
Zip Code 30354	Purpose of Disbursement Airfare Travel	Transaction ID : SB17.9842
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. DonorBureau		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 1900 N. Culpepper St		Amount of Each Disbursement this Period 310.55
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Direct Mail Program:Printing & Mailshop	Transaction ID : SB17.9906
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).....	395.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 42	
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DR CHARLES 'TREY' THOMAS III FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address PO BOX 741		Amount of Each Disbursement this Period 875.00 Transaction ID : SB17.9943
City BATON ROUGE	State LA	
Zip Code 70821	Purpose of Disbursement In-kind - legal services: CISCO debt dispute	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: LA	District: 06	

Full Name (Last, First, Middle Initial) B. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 11325 Randon Hills Rd		Amount of Each Disbursement this Period 135.34 Transaction ID : SB17.9911
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Indirect Program Expenses:Bank Charges	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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 11325 Randon Hills Rd		Amount of Each Disbursement this Period 199.00 Transaction ID : SB17.9912
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Indirect Program Expenses:Bank Charges	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).....	1209.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 42			
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FIRST VIRGINIA COMMUNITY BANK			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 11325 Randon Hills Rd			Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.9913
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Indirect Program Expenses:bank charges		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. Hotwire			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 333 Market St, Ste. 100			Amount of Each Disbursement this Period 410.90 Transaction ID : SB17.9840
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Lodging		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. Drue Kinchen			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 15711 Woodwind Ave			Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.9936
City Baton Rouge	State LA	Zip Code 70816	
Purpose of Disbursement Political strategy consulting		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).....	1660.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 42	
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Najvar Law Firm		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 4151 Southwest Freeway Suite 625		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.9919
City Houston State TX Zip Code 77027	Purpose of Disbursement Legal and compliance	
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) B. Overnight Prints		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address PO Box 15390		Amount of Each Disbursement this Period 382.62 Transaction ID : SB17.9823
City Irvine State CA Zip Code 92623	Purpose of Disbursement Printing of Campaign Literature	
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. Riffsoft LLC		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014
Mailing Address 801 Laurel St.		Amount of Each Disbursement this Period 1800.00 Transaction ID : SB17.9940
City Baton Rouge State LA Zip Code 70802	Purpose of Disbursement Web services	
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).....	3182.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 42		
	<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)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Riffsoft LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 801 Laurel St.		Amount of Each Disbursement this Period 1600.00
City Baton Rouge	State LA	
Zip Code 70802	Purpose of Disbursement Website Maintenance Jan/Feb	Transaction ID : SB17.9850
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) B. Riffsoft LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 801 Laurel St.		Amount of Each Disbursement this Period 400.00
City Baton Rouge	State LA	
Zip Code 70802	Purpose of Disbursement CharlesTreyThomas.com domain name/1 Yr Web hosting	Transaction ID : SB17.9855
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 M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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).....	2000.00
TOTAL This Period (last page this line number only).....	44197.99

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 42			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fremins Restaurant			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 402 W 3d St			Amount of Each Disbursement this Period 325.00
City Thibodaux	State LA	Zip Code 70301	
Purpose of Disbursement Donation to support Ugandan refugees		Category/ Type	Transaction ID : SB21.9894
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.			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)	325.00
TOTAL This Period (last page this line number only)	325.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 42
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CISCO COMMUNICATIONS	Nature of Debt (Purpose): Political strategy consulting--Debt disputed in its entirety. See below.
Mailing Address 1220 L STREET NW, #124	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 33037.71	Transaction ID : SD10.9925	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 33037.71

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Conservative Nation LLC	Nature of Debt (Purpose): Political strategy consulting
Mailing Address 723 McCulla St	
City State Zip Code Thibodaux LA 70301	

Outstanding Balance Beginning This Period 5000.00	Transaction ID : SD10.9929	
Amount Incurred This Period 0.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 4000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DR CHARLES 'TREY' THOMAS III FOR CONGRESS	Nature of Debt (Purpose): Travel
Mailing Address PO BOX 741	
City State Zip Code BATON ROUGE LA 70821	

Outstanding Balance Beginning This Period 2084.74	Transaction ID : SD10.9924	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2084.74

1) SUBTOTALS This Period This Page (optional)	39122.45
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.9925

Thomas for Congress disputes the entirety of this alleged debt to CISCO Communications, and has formally notified CISCO Communications of such as of April 18, 2014, and terminated their services. Disclosure of this disputed debt does not constitute an admission of liability or waiver of any claims the Committee may have against the creditor.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JC Kinchen LLC

Mailing Address 13001 Justice Ave

City State Zip Code
Baton Rouge LA 70816

Nature of Debt (Purpose):
Travel

Outstanding Balance Beginning This Period **4401.11** Transaction ID : **SD10.9931**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **4401.11**

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

Mailing Address 15711 Woodwind Ave

City State Zip Code
Baton Rouge LA 70816

Nature of Debt (Purpose):
Political strategy consulting

Outstanding Balance Beginning This Period **13800.00** Transaction ID : **SD10.9923**

Amount Incurred This Period **0.00** Payment This Period **1200.00** Outstanding Balance at Close of This Period **12600.00**

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

Mailing Address PO Box 151

City State Zip Code
Glenn Dale MD 20769

Nature of Debt (Purpose):
Campaign strategy consulting-June

Outstanding Balance Beginning This Period **0.00** Transaction ID : **SD10.22197**

Amount Incurred This Period **10000.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **10000.00**

1) SUBTOTALS This Period This Page (optional)	27001.11
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mock & Associates	Nature of Debt (Purpose): Political strategy consulting
Mailing Address 10000 Celtic Dr	
City State Zip Code Baton Rouge LA 70809	

Outstanding Balance Beginning This Period 5562.50	Transaction ID : SD10.9933	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5562.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mock & Associates	Nature of Debt (Purpose): Political strategy consulting
Mailing Address 10000 Celtic Dr	
City State Zip Code Baton Rouge LA 70809	

Outstanding Balance Beginning This Period 4207.50	Transaction ID : SD10.17868	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4207.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mock & Associates	Nature of Debt (Purpose): Political strategy consulting
Mailing Address 10000 Celtic Dr	
City State Zip Code Baton Rouge LA 70809	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.17871	
Amount Incurred This Period 2507.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 2507.50

1) SUBTOTALS This Period This Page (optional) ▶	12277.50
2) TOTALS This Period (last page this line number only) ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Najvar Law Firm	Nature of Debt (Purpose): Legal and compliance
Mailing Address 4151 Southwest Freeway Suite 625	
City State Zip Code Houston TX 77027	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.9921
Amount Incurred This Period <input style="width:100%;" type="text" value="1000.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1000.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Riffsoft, LLC	Nature of Debt (Purpose): Campaign services - search engine optimization
Mailing Address 801 Laurel St	
City State Zip Code Baton Rouge LA 70802	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.17869
Amount Incurred This Period <input style="width:100%;" type="text" value="6560.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="6560.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Riffsoft, LLC	Nature of Debt (Purpose): Campaign website design/work
Mailing Address 801 Laurel St	
City State Zip Code Baton Rouge LA 70802	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.17870
Amount Incurred This Period <input style="width:100%;" type="text" value="14040.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="14040.00"/>	

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%;" type="text" value="21600.00"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text"/>

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

NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Riffsoft LLC		Nature of Debt (Purpose): Web services
Mailing Address 801 Laurel St.		
City State	Zip Code	
Baton Rouge	LA 70802	

Outstanding Balance Beginning This Period		Transaction ID : SD10.9935	
1800.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1800.00	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	100001.06
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	100001.06