

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

KIEHNE FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 1974

Check if different than previously reported. (ACC)

EAGAR

AZ

85925

2. FEC IDENTIFICATION NUMBER ▼

C C00572057

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

AZ

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

Type or Print Name of Treasurer BRADLEY CRATE

Signature of Treasurer BRADLEY CRATE

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
KIEHNE 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))....	48980.47	253646.54
(b) Total Contribution Refunds (from Line 20(d))	0.00	25000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	48980.47	228646.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	113933.05	272484.46
(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)).....	113933.05	272484.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	513615.19	
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).....	558072.14	

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

KIEHNE 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).....	31433.96	208583.96
(ii) Unitemized	9547.48	17555.48
(iii) TOTAL of contributions from individuals	40981.44	226139.44
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	7999.03	27507.10
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	48980.47	253646.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	50000.00	678072.14
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000.00	678072.14
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	30.97
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	98980.47	931749.65

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	113933.05	272484.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	120000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	120000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	25000.00
(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	25000.00
21. OTHER DISBURSEMENTS	0.00	650.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	113933.05	418134.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	528567.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	98980.47
25. SUBTOTAL (add Line 23 and Line 24).....	627548.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	113933.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	513615.19

**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 71
	<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)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS. CARMEN A AUZA

Mailing Address **PO BOX 10008**

City **CASA GRANDE** State **AZ** Zip Code **85130**

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

Name of Employer **SELF-EMPLOYED** Occupation **RANCHER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11AI.5287

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. J MIKE CAUDLE

Mailing Address **PO BOX 11108**

City **MIDLAND** State **TX** Zip Code **79702**

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

Name of Employer **SELF-EMPLOYED** Occupation **OIL & GAS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11AI.5395

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. CRAIG CHAPMAN

Mailing Address **233 NM 88**

City **POTALES** State **NM** Zip Code **88130**

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

Name of Employer **SELF-EMPLOYED** Occupation **BUILDING CONTRACTOR & RANCHER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11AI.5246

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).....

1200.00

**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 71
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. TED CHAPMAN

Mailing Address 5043 N MARLIN CANYON PL.

City TUCSON State AZ Zip Code 85750

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

Name of Employer SELF-EMPLOYED Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

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

Transaction ID : SA11AI.5172

Amount of Each Receipt this Period
750.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MS. BETH COONS

Mailing Address 1540 E HOPE STREET

City MESA State AZ Zip Code 85203

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

Name of Employer FARNSWORTH COMPANIES Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

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

Transaction ID : SA11AI.5137

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. KEVIN L DAVIS

Mailing Address HC 31 BOX 45

City RINCON State NM Zip Code 87940

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

Name of Employer SELF-EMPLOYED Occupation ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11AI.5317

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).....

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 7 OF 71
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DWAYNE E DOBSON

Mailing Address **2751 S NEBRASKA STREET**

City **CHANDLER** State **AZ** Zip Code **85286**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11AI.5520

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MS. IRA J GAINES

Mailing Address **7000 N. 16TH STREET
STE 120 #503**

City **PHOENIX** State **AZ** Zip Code **85020**

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

Name of Employer **PEACHTREE PARTNERS** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 28 / 2016

Transaction ID : SA11AI.5146

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MONTI A HANCOCK

Mailing Address **PO BOX 402**

City **HEBER** State **AZ** Zip Code **85928**

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

Name of Employer **HANCOCK-LEAVITT** Occupation **INSURANCE AGENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 28 / 2016

Transaction ID : SA11AI.5148

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).....

1800.00

**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 71
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL INGRAM

Mailing Address 6094 E. CHOLLA DRIVE

City State Zip Code
PARADISE VALLEY AZ 85253

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

Name of Employer Occupation
EL DORADO HOLDINGS, INC. REAL ESTATE INVESTMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2016

Transaction ID : SA11AI.5179

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. HERBERT KAI

Mailing Address PO BOX 1147

City State Zip Code
RED ROCK AZ 85245

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

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : SA11AI.5466

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. KURT KIEHNE

Mailing Address PO BOX 1270

City State Zip Code
HEREFORD TX 79045

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

Name of Employer Occupation
ANIMAL HEALTH INTERNATIONAL SALESMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : SA11AI.5384

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 71
	<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)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS. MARGARET KNOWLES

Mailing Address **37255 S STONEY CLIFF DRIVE**

City **TUCSON** State **AZ** Zip Code **85739**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2190.98**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 30 / 2016

Transaction ID : SA11AI.5558

Amount of Each Receipt this Period
190.98

Memo Item
IN-KIND: FACILITY RENTAL/CATERING SERVICES

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

Mailing Address **12178 N REFLECTION RIDGE DRIVE**

City **ORO VALLEY** State **AZ** Zip Code **85755**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **220.25**

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

Transaction ID : SA11AI.5563

Amount of Each Receipt this Period
220.25

Memo Item
IN-KIND: FACILITY RENTAL/CATERING SERVICES

C. Full Name (Last, First, Middle Initial)
MR. ABE MARTINEZ

Mailing Address **PO BOX 2350**

City **PINETOP** State **AZ** Zip Code **85935**

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

Name of Employer **SELF-EMPLOYED** Occupation **OWNER-MCDONALDS FRANCHISE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 28 / 2016

Transaction ID : SA11AI.5156

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2911.23
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 10 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. SHARON MARTINEZ

Mailing Address **PO BOX 2350**

City **PINETOP** State **AZ** Zip Code **85935**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 28 / 2016

Transaction ID : SA11AI.5154

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. DRAKE MITCHELL

Mailing Address **120 ALHAMBRA ROAD**

City **SEDONA** State **AZ** Zip Code **86339**

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

Name of Employer **DRAKE MITCHELL** Occupation **SELF-EMPLOYED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.5238

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. DANIEL NARRAMORE

Mailing Address **PO BOX 100**

City **PALO VERDE** State **AZ** Zip Code **85343**

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

Name of Employer **SELF-EMPLOYED** Occupation **TEAM ROPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11AI.5288

Amount of Each Receipt this Period
300.00

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 11 OF 71
	<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)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DANIEL NARRAMORE

Mailing Address **PO BOX 100**

City **PALO VERDE** State **AZ** Zip Code **85343**

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

Name of Employer **SELF-EMPLOYED** Occupation **TEAM ROPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11AI.5289

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MS. CONNIE PAGE

Mailing Address **PO BOX 63**

City **GREER** State **AZ** Zip Code **85927**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11AI.5521

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address **3302 WEST MIDDLE VERDE ROAD**

City **CAMP VERDE** State **AZ** Zip Code **86322**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11AI.5279

Amount of Each Receipt this Period
200.00

Memo Item

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 71
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. MARGARET PAVLICH

Mailing Address 355 MUNDY DRIVE

City SEDONA State AZ Zip Code 86351

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.5232

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MRS. E. KAY PERKINS

Mailing Address 1950 E ADAMS STE C

City SHOW LOW State AZ Zip Code 85901

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2016

Transaction ID : SA11AI.5127

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
B.J. PIERCE

Mailing Address 2400 HUMPHREY ROAD

City CLOVIS State NM Zip Code 88101

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : SA11AI.5380

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).....

3500.00

**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 71
	<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)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
B.J. PIERCE

Mailing Address 2400 HUMPHREY ROAD

City State Zip Code
CLOVIS NM 88101

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11AI.5381

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. DANIEL K POST

Mailing Address 14180 W KIRBY HUGHES RD

City State Zip Code
MARANA AZ 85653

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

Name of Employer Occupation
SELF-EMPLOYED RANCHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11AI.5285

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. KEN ROBINSON

Mailing Address 32078 S AGARITA DRIVE

City State Zip Code
ORACLE AZ 85623

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
889.04

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

Transaction ID : SA11AI.5566

Amount of Each Receipt this Period
539.04

Memo Item
IN-KIND: FACILITY RENTAL/CATERING SERVICES

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

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

939.04

**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 71
	<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)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. CHARLES R ROGERS

Mailing Address 2308 FAIRWAY TERRACE

City State Zip Code
CLOVIS NM 88101

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

Name of Employer Occupation
CLOVIS LIVESTOCK AUCTION AUCTIONEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11AI.5386

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MS. DEBBIE ROULETTE

Mailing Address PO BOX 1662

City State Zip Code
CAMP VERDE AZ 86322

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

Name of Employer Occupation
SELF-EMPLOYED REALTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.5231

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. C. MICHAEL SCHROEDER

Mailing Address 100 PRIMROSE POINT NORTH

City State Zip Code
SEDONA AZ 86336

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2016

Transaction ID : SA11AI.5152

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

5200.00

**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 71
	<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)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. ED SHIELDS

Mailing Address **PO BOX 4**

City **SPRINGVILLE** State **AZ** Zip Code **85938**

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

Name of Employer **SELF-EMPLOYED** Occupation **ACCOUNTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : SA11AI.5364

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. DALE SHIFLETT

Mailing Address **17165 SADDLE BAG ROAD NE**

City **DEMING** State **NM** Zip Code **88030**

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

Name of Employer **DALE SHIFLETT FARMS, LLC** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11AI.5417

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. BILL C SIBLEY

Mailing Address **PO BOX 2048**

City **CARLSBAD** State **NM** Zip Code **88221**

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

Name of Employer **SELF-EMPLOYED** Occupation **RANCHER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 28 / 2016

Transaction ID : SA11AI.5150

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).....

1100.00

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

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

FOR LINE NUMBER: PAGE 16 OF 71
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS. SUSIE SILVA

Mailing Address **PO BOX 481**

City **SPRINGVILLE** State **AZ** Zip Code **85938**

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

Name of Employer **KACHINA REALTY** Occupation **REALTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
02 / 19 / 2016

Transaction ID : SA11AI.5228

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address **8020 W GIBSON RANCH ROAD**

City **PAYSON** State **AZ** Zip Code **85541**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
03 / 14 / 2016

Transaction ID : SA11AI.5250

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. RICHARD H SMYER

Mailing Address **PO BOX 5880**

City **CHINO VALLEY** State **AZ** Zip Code **86323**

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

Name of Employer **SELF-EMPLOYED** Occupation **LIVESTOCK AUCTION/RANCHER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
03 / 29 / 2016

Transaction ID : SA11AI.5468

Amount of Each Receipt this Period
2600.00

Memo Item

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

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

3150.00

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

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

FOR LINE NUMBER: PAGE 17 OF 71
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS. ROSE SPERRY

Mailing Address 2724 S SUNSET DRIVE

City State Zip Code
COTTONWOOD AZ 86326

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
333.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.5525

Amount of Each Receipt this Period
 133.69

Memo Item
IN-KIND: PLACED MEDIA

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

Mailing Address 80 LAKE VIEW DRIVE

City State Zip Code
STANFORD KY 40484

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

Name of Employer Occupation
FSNB BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2016

Transaction ID : SA11AI.5125

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address 80 LAKE VIEW DRIVE

City State Zip Code
STANFORD KY 40484

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

Name of Employer Occupation
FSNB BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016

Transaction ID : SA11AI.5182

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

333.69

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

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

FOR LINE NUMBER: PAGE 18 OF 71
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL TAYLOR

Mailing Address 80 LAKE VIEW DRIVE

City State Zip Code
STANFORD KY 40484

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

Name of Employer Occupation
FSNB BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.5371

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. JOHN H THOMPSON

Mailing Address 36601 S DESERT SUN DRIVE

City State Zip Code
TUCSON AZ 85739

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : SA11AI.5470

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. EDWARD F TREICK

Mailing Address 64317 E GOLDEN SPUR CT

City State Zip Code
SADDLEBROOK AZ 85739

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11AI.5313

Amount of Each Receipt this Period
50.00

Memo Item

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

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

1150.00

**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 71
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

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

Mailing Address 3012 S. ONG STREET

City State Zip Code
AMARILLO TX 79109

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

Name of Employer Occupation
AMARILLO NATIONAL BANK BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : SA11AI.5234

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN M WILLIAMS

Mailing Address 10 PRONGHORN LN

City State Zip Code
ELGEN AZ 85611

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11AI.5286

Amount of Each Receipt this Period
 100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. KENT WINTERTON

Mailing Address 3311 S 157TH PLACE

City State Zip Code
GILBERT AZ 85297

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

Name of Employer Occupation
ANIMAL HEALTH INTERNATIONAL SALESMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11AI.5319

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).....

600.00

**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 71
	<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)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. RALPH WONG

Mailing Address **1 WONG WAY**

City **MARANA** State **AZ** Zip Code **85653**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11AI.5230

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. TY YOST

Mailing Address **PO BOX 80762**

City **BILLINGS** State **MT** Zip Code **59108**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11AI.5514

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

750.00

31433.96

**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 71
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. GARY KIEHNE

Mailing Address P.O. BOX 1974

City State Zip Code
EAGAR AZ 85925

FEC ID number of contributing federal political committee. **C H4AZ01145**

Name of Employer Occupation
SELF-EMPLOYED TEAM ROPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
701725.49

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

Transaction ID : SA11D.5535

Amount of Each Receipt this Period
335.77

Memo Item
 IN-KIND: FACILITY RENTAL/CATERING SERVICES

B. Full Name (Last, First, Middle Initial)
MR. GARY KIEHNE

Mailing Address P.O. BOX 1974

City State Zip Code
EAGAR AZ 85925

FEC ID number of contributing federal political committee. **C H4AZ01145**

Name of Employer Occupation
SELF-EMPLOYED TEAM ROPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
702573.23

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

Transaction ID : SA11D.5537

Amount of Each Receipt this Period
847.74

Memo Item
 IN-KIND: FACILITY RENTAL/CATERING SERVICES

C. Full Name (Last, First, Middle Initial)
MR. GARY KIEHNE

Mailing Address P.O. BOX 1974

City State Zip Code
EAGAR AZ 85925

FEC ID number of contributing federal political committee. **C H4AZ01145**

Name of Employer Occupation
SELF-EMPLOYED TEAM ROPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
704283.07

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

Transaction ID : SA11D.5539

Amount of Each Receipt this Period
1709.84

Memo Item
 IN-KIND: PRINTING & DESIGN SERVICES

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

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

2893.35

**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 71
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. GARY KIEHNE

Mailing Address P.O. BOX 1974

City State Zip Code
EAGAR AZ 85925

FEC ID number of contributing federal political committee. **C H4AZ01145**

Name of Employer Occupation
SELF-EMPLOYED TEAM ROPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
705371.07

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

Transaction ID : SA11D.5551

Amount of Each Receipt this Period
1088.00

Memo Item
IN-KIND: TELEMARKETING & DATA MANAGEMENT SERVICES: SEE MEMO

B. Full Name (Last, First, Middle Initial)
MR. GARY KIEHNE

Mailing Address P.O. BOX 1974

City State Zip Code
EAGAR AZ 85925

FEC ID number of contributing federal political committee. **C H4AZ01145**

Name of Employer Occupation
SELF-EMPLOYED TEAM ROPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
705579.24

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

Transaction ID : SA11D.5556

Amount of Each Receipt this Period
208.17

Memo Item
IN-KIND: OFFICE SUPPLIES

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

Amount of Each Receipt this Period

Memo Item

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

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

1296.17

7999.03

**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 71
	<input type="checkbox"/> 11a 12 <input checked="" 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)
KIEHNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. GARY KIEHNE

Mailing Address P.O. BOX 1974

City State Zip Code
EAGAR AZ 85925

FEC ID number of contributing federal political committee. **C H4AZ01145**

Name of Employer Occupation
SELF-EMPLOYED TEAM ROPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
698580.21

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

Transaction ID : SA13A.5504

Amount of Each Receipt this Period
 _____ **50000.00**

Memo Item
LOAN

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

_____ **50000.00**

_____ **50000.00**

**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 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ARIZONA REPUBLICAN PARTY			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016	
Mailing Address 3501 NORTH 24TH STREET			Amount of Each Disbursement this Period 1000.00	
City PHOENIX	State AZ	Zip Code 85016	<input type="checkbox"/> Memo Item Transaction ID : SB17.5549	
Purpose of Disbursement IN-KIND: PLACED MEDIA		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. BASHAS			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016	
Mailing Address 160 COFFEE POT DRIVE			Amount of Each Disbursement this Period 248.93	
City SEDONA	State AZ	Zip Code 86336	<input type="checkbox"/> Memo Item Transaction ID : SB17.5090	
Purpose of Disbursement MARTIN REIMBURSEMENT: FACILITY RENTAL/CATERING SERVICES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. CASA GRANDE DISPATCH			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016	
Mailing Address 200 W 2ND STREET			Amount of Each Disbursement this Period 283.26	
City CASA GRANDE	State AZ	Zip Code 85122	<input type="checkbox"/> Memo Item Transaction ID : SB17.5529	
Purpose of Disbursement IN-KIND: PLACED MEDIA		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	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 26 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CIRCLE K		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 3880 W TANGERINE ROAD		Amount of Each Disbursement this Period 2.39
City MARANA State AZ Zip Code 85658	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: EVENT STAGING EXPENSE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5124
State: District:		

Full Name (Last, First, Middle Initial) B. CIRCLE K		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 831 WESTERN AVE.		Amount of Each Disbursement this Period 2.39
City SUPERIOR State AZ Zip Code 85173	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: EVENT STAGING EXPENSE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5493
State: District:		

Full Name (Last, First, Middle Initial) C. CIRCLE K		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 3880 W TANGERINE ROAD		Amount of Each Disbursement this Period 2.39
City MARANA State AZ Zip Code 85658	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: EVENT STAGING EXPENSE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5494
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 27 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COLONIAL PARKING		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 2461 S CLARK STREET		Amount of Each Disbursement this Period 0.00
City ARLINGTON	State VA	
Zip Code 22202	Purpose of Disbursement JUST WIN REIMBURSEMENT: TRAVEL: PARKING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5092
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. COPPERAREA.COM		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016
Mailing Address 366 ALDEN ROAD		Amount of Each Disbursement this Period 269.00
City KEARNEY	State AZ	
Zip Code 85173	Purpose of Disbursement IN-KIND: PLACED MEDIA	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5533
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. COSTCO		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 3901 W COSTCO DRIVE		Amount of Each Disbursement this Period 14.58
City TUCSON	State AZ	
Zip Code 85741	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: MEETING EXPENSE: MEALS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5114
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	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 28 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DELVE LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 1200 18TH ST NW SUITE 814		Amount of Each Disbursement this Period 2000.00
City WASHINGTON	State DC Zip Code 20036	
Purpose of Disbursement STRATEGY CONSULTING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5036
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. DINSMORE AND SHOHL LLP		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address PO BOX 640635		Amount of Each Disbursement this Period 2976.00
City CINCINNATI	State OH Zip Code 45264	
Purpose of Disbursement LEGAL CONSULTING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5025
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. DINSMORE AND SHOHL LLP		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address PO BOX 640635		Amount of Each Disbursement this Period 1940.00
City CINCINNATI	State OH Zip Code 45264	
Purpose of Disbursement LEGAL CONSULTING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5042
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	6916.00
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 29 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DINSMORE AND SHOHL LLP			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016	
Mailing Address PO BOX 640635			Amount of Each Disbursement this Period 3851.40	
City CINCINNATI	State OH	Zip Code 45264	Memo Item <input type="checkbox"/>	
Purpose of Disbursement LEGAL CONSULTING		Category/ Type	Transaction ID : SB17.5471	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. DOLLAR GENERAL			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016	
Mailing Address 16355 N ORACLE			Amount of Each Disbursement this Period 8.49	
City CATALINA	State AZ	Zip Code 85739	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement ST. ANGELO REIMBURSEMENT: EVENT STAGING EXPENSE		Category/ Type	Transaction ID : SB17.5122	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. FLAGSTAFF BUSINESS NEWS			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016	
Mailing Address 121 E BIRCH AVE SUITE 408			Amount of Each Disbursement this Period 300.00	
City FLAGSTAFF	State AZ	Zip Code 86001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PLACED MEDIA		Category/ Type	Transaction ID : SB17.5027	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4151.40
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 30 OF 71			
	<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)
KIEHNE FOR CONGRESS

A. FLAGSTAFF BUSINESS NEWS

Full Name (Last, First, Middle Initial)
Mailing Address 121 E BIRCH AVE
SUITE 408

City FLAGSTAFF State AZ Zip Code 86001

Purpose of Disbursement PLACED MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 01 / 19 / 2016

Amount of Each Disbursement this Period: 300.00

Memo Item

Transaction ID : SB17.5038

B. FLAGSTAFF BUSINESS NEWS

Full Name (Last, First, Middle Initial)
Mailing Address 121 E BIRCH AVE
SUITE 408

City FLAGSTAFF State AZ Zip Code 86001

Purpose of Disbursement PLACED MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 02 / 02 / 2016

Amount of Each Disbursement this Period: 300.00

Memo Item

Transaction ID : SB17.5047

C. FLAGSTAFF BUSINESS NEWS

Full Name (Last, First, Middle Initial)
Mailing Address 121 E BIRCH AVE
SUITE 408

City FLAGSTAFF State AZ Zip Code 86001

Purpose of Disbursement PLACED MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 03 / 18 / 2016

Amount of Each Disbursement this Period: 300.00

Memo Item

Transaction ID : SB17.5472

SUBTOTAL of Disbursements This Page (optional) 900.00

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 31 OF 71	
	<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)
KIEHNE FOR CONGRESS

A. FLAGSTAFF BUSINESS NEWS

Full Name (Last, First, Middle Initial)
Mailing Address 121 E BIRCH AVE
SUITE 408

City FLAGSTAFF State AZ Zip Code 86001

Purpose of Disbursement
PLACED MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

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

Amount of Each Disbursement this Period
300.00

Memo Item

Transaction ID : SB17.5473

B. FLS CONNECT

Full Name (Last, First, Middle Initial)
Mailing Address 7300 HUDSON BLVD.
SUITE 270

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
JUST WIN REIMBURSEMENT: TELEMARKETING & DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

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

Amount of Each Disbursement this Period
300.00

Memo Item

Transaction ID : SB17.5098

C. FLS CONNECT

Full Name (Last, First, Middle Initial)
Mailing Address 7300 HUDSON BLVD.
SUITE 270

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
IN-KIND: TELEMARKETING & DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

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

Amount of Each Disbursement this Period
300.00

Memo Item

Transaction ID : SB17.5553

SUBTOTAL of Disbursements This Page (optional)..... 300.00

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 32 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FLS CONNECT		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 7300 HUDSON BLVD. SUITE 270		Amount of Each Disbursement this Period 488.00
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement IN-KIND: TELEMARKETING & DATA MANAGEMENT SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5554
State: District:		

Full Name (Last, First, Middle Initial) B. FLS CONNECT		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 7300 HUDSON BLVD. SUITE 270		Amount of Each Disbursement this Period 300.00
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement IN-KIND: TELEMARKETING & DATA MANAGEMENT SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5555
State: District:		

Full Name (Last, First, Middle Initial) C. FRY'S		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 10661 N ORACLE ROAD		Amount of Each Disbursement this Period 2.17
City ORO VALLEY State AZ Zip Code 85737	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5109
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 33 OF 71			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FRY'S		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 10661 N ORACLE ROAD		Amount of Each Disbursement this Period 13.47
City ORO VALLEY	State AZ	
Zip Code 85737	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: MEETING EXPENSE: MEALS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5113
State: District:		

Full Name (Last, First, Middle Initial) B. FRY'S		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 10661 N ORACLE ROAD		Amount of Each Disbursement this Period 125.38
City ORO VALLEY	State AZ	
Zip Code 85737	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: MEETING EXPENSE: MEALS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5118
State: District:		

Full Name (Last, First, Middle Initial) C. GIANT		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address 8080 N ORACLE ROAD		Amount of Each Disbursement this Period 13.45
City ORO VALLEY	State AZ	
Zip Code 85704	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: PRINTING & DESIGN SERVICES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5106
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 34 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GODADDY		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2016
Mailing Address 14455 N HAYDENROAD SUITE 226		Amount of Each Disbursement this Period 557.58
City SCOTTSDALE	State AZ	Zip Code 85260
Purpose of Disbursement IN-KIND: PLACED MEDIA		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item
State: District:		Transaction ID : SB17.5531

Full Name (Last, First, Middle Initial) B. HARVEY CONSULTING AND CANVASSING		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016
Mailing Address 6238 SOUTH SUN VIEW WAY		Amount of Each Disbursement this Period 1249.00
City TUCSON	State AZ	Zip Code 85706
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: District:		Transaction ID : SB17.5058

Full Name (Last, First, Middle Initial) C. HUCKABY DAVIS LISKER		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 228 S WASHINGTON ST SUITE 115		Amount of Each Disbursement this Period 1286.25
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: District:		Transaction ID : SB17.5070

SUBTOTAL of Disbursements This Page (optional).....	2535.25
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 71			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JUST WIN STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016		
Mailing Address PO BOX 2561			Amount of Each Disbursement this Period 262.82		
City ALEXANDRIA	State VA	Zip Code 22301	Memo Item <input type="checkbox"/>		
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Category/ Type	Transaction ID : SB17.5029		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) B. JUST WIN STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016		
Mailing Address PO BOX 2561			Amount of Each Disbursement this Period 5000.00		
City ALEXANDRIA	State VA	Zip Code 22301	Memo Item <input type="checkbox"/>		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Transaction ID : SB17.5037		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) C. JUST WIN STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016		
Mailing Address PO BOX 2561			Amount of Each Disbursement this Period 5000.00		
City ALEXANDRIA	State VA	Zip Code 22301	Memo Item <input type="checkbox"/>		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Transaction ID : SB17.5052		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	10262.82
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 36 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JUST WIN STRATEGIES		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address PO BOX 2561		Amount of Each Disbursement this Period 300.00
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5053
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JUST WIN STRATEGIES		Date of Disbursement MM / DD / YYYY 03 / 18 / 2016
Mailing Address PO BOX 2561		Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement STRATEGY CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5474
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MR. GARY KIEHNE		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address P.O. BOX 1974		Amount of Each Disbursement this Period 1000.00
City EAGAR	State AZ	
Zip Code 85925	Purpose of Disbursement IN-KIND: PLACED MEDIA: SEE MEMO	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5548
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: AZ District: 01		

SUBTOTAL of Disbursements This Page (optional).....	6300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. GARY KIEHNE		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address P.O. BOX 1974		Amount of Each Disbursement this Period 1210.42
City EAGAR	State AZ	
Zip Code 85925	Purpose of Disbursement IN-KIND: TRAVEL:FUEL	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5524
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: AZ District: 01		

Full Name (Last, First, Middle Initial) B. MR. GARY KIEHNE		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address P.O. BOX 1974		Amount of Each Disbursement this Period 1599.09
City EAGAR	State AZ	
Zip Code 85925	Purpose of Disbursement IN-KIND: PLACED MEDIA: SEE MEMOS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5528
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: AZ District: 01		

Full Name (Last, First, Middle Initial) C. MR. GARY KIEHNE		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address P.O. BOX 1974		Amount of Each Disbursement this Period 335.77
City EAGAR	State AZ	
Zip Code 85925	Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5536
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: AZ District: 01		

SUBTOTAL of Disbursements This Page (optional).....	3145.28
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 38 OF 71			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. GARY KIEHNE		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address P.O. BOX 1974		Amount of Each Disbursement this Period 847.74
City EAGAR	State AZ	
Zip Code 85925	Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5538
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: AZ District: 01		

Full Name (Last, First, Middle Initial) B. MR. GARY KIEHNE		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address P.O. BOX 1974		Amount of Each Disbursement this Period 1709.84
City EAGAR	State AZ	
Zip Code 85925	Purpose of Disbursement IN-KIND: PRINTING & DESIGN SERVICES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5540
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: AZ District: 01		

Full Name (Last, First, Middle Initial) C. MR. GARY KIEHNE		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address P.O. BOX 1974		Amount of Each Disbursement this Period 1088.00
City EAGAR	State AZ	
Zip Code 85925	Purpose of Disbursement IN-KIND: TELEMARKETING & DATA MANAGEMENT SERVICES: SEE MEMO	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5552
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: AZ District: 01		

SUBTOTAL of Disbursements This Page (optional).....	3645.58
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 39 OF 71			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. GARY KIEHNE		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address P.O. BOX 1974		Amount of Each Disbursement this Period 208.17
City EAGAR	State AZ	
Zip Code 85925	Purpose of Disbursement IN-KIND: OFFICE SUPPLIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5557
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: AZ	District: 01	

Full Name (Last, First, Middle Initial) B. MS. MARGARET KNOWLES		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2016
Mailing Address 37255 S STONEY CLIFF DRIVE		Amount of Each Disbursement this Period 190.98
City TUCSON	State AZ	
Zip Code 85739	Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5559
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. MARILYN LAWSON		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2016
Mailing Address 12178 N REFLECTION RIDGE DRIVE		Amount of Each Disbursement this Period 220.25
City ORO VALLEY	State AZ	
Zip Code 85755	Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5565
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	619.40
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 40 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARANA CHAMBER OF COMMERCE			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 13881 N CASA GRANDE HWY			Amount of Each Disbursement this Period 60.00
City MARANA	State AZ	Zip Code 85653	
Purpose of Disbursement ST. ANGELO REIMBURSEMENT: EVENT REGISTRATION FEE		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.5111
State: District:			

Full Name (Last, First, Middle Initial) B. MARANA CHAMBER OF COMMERCE			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 13881 N CASA GRANDE HWY			Amount of Each Disbursement this Period 35.00
City MARANA	State AZ	Zip Code 85653	
Purpose of Disbursement ST. ANGELO REIMBURSEMENT: EVENT REGISTRATION FEE		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.5490
State: District:			

Full Name (Last, First, Middle Initial) c. Gaither Martin			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 184 W 4th Ave			Amount of Each Disbursement this Period 7000.00
City Eagar	State AZ	Zip Code 85925	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.5028
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 41 OF 71			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gaither Martin			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016		
Mailing Address 184 W 4th Ave			Amount of Each Disbursement this Period 7000.00		
City Eagar	State AZ	Zip Code 85925	Memo Item <input type="checkbox"/>		
Purpose of Disbursement STRATEGY CONSULTING		Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.5050		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Gaither Martin			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016		
Mailing Address 184 W 4th Ave			Amount of Each Disbursement this Period 248.93		
City Eagar	State AZ	Zip Code 85925	Memo Item <input type="checkbox"/>		
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.5051		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. Gaither Martin			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016		
Mailing Address 184 W 4th Ave			Amount of Each Disbursement this Period 7000.00		
City Eagar	State AZ	Zip Code 85925	Memo Item <input type="checkbox"/>		
Purpose of Disbursement STRATEGY CONSULTING		Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.5079		
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	14248.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MCDONALD'S		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address NEC HWY & DIVERSION DAM ROAD		Amount of Each Disbursement this Period 0.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5498
City FLORENCE	State AZ	
Zip Code 85232	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: MEETING EXPENSE: MEALS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ORO VALLEY CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 7435 N ORACLE ROAD SUITE 107		Amount of Each Disbursement this Period 35.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5120
City TUCSON	State AZ	
Zip Code 85704	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: MEETING EXPENSE: MEALS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ORO VALLEY REPUBLICAN WOMEN CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 300 W GREENOCK ROAD		Amount of Each Disbursement this Period 44.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5496
City ORO VALLEY	State AZ	
Zip Code 85737	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: EVENT REGISTRATION FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	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 43 OF 71			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RB LASTING IMPRESSION		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address PO BOX 550		Amount of Each Disbursement this Period 291.78
City JOSEPH CITY	State AZ	
Zip Code 86032	Purpose of Disbursement IN-KIND: PRINTING & DESIGN SERVICES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5545
State: District:		

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 138 CONANT ST 2ND FLOOR		Amount of Each Disbursement this Period 2616.36
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	<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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5045
State: District:		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address 138 CONANT ST 2ND FLOOR		Amount of Each Disbursement this Period 2639.34
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	<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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5080
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5255.70
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 44 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 138 CONANT ST 2ND FLOOR		Amount of Each Disbursement this Period 72.20
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5477
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. MR. KEN ROBINSON		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 32078 S AGARITA DRIVE		Amount of Each Disbursement this Period 539.04
City ORACLE	State AZ Zip Code 85623	
Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5567
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. SAM'S		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 4701 N STONE AVE.		Amount of Each Disbursement this Period 194.53
City TUCSON	State AZ Zip Code 85704	
Purpose of Disbursement ST. ANGELO REIMBURSEMENT: EVENT STAGING EXPENSE	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5117
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	611.24
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 45 OF 71	
	<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)
KIEHNE FOR CONGRESS

A. SOLUTIONS FOR FUNDRAISING IN TEXAS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1505 ELM ST
1601

City DALLAS State TX Zip Code 75201

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 04 / 2016

Amount of Each Disbursement this Period: 2500.00

Memo Item

Transaction ID : SB17.5030

B. SOLUTIONS FOR FUNDRAISING IN TEXAS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1505 ELM ST
1601

City DALLAS State TX Zip Code 75201

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 10 / 2016

Amount of Each Disbursement this Period: 2500.00

Memo Item

Transaction ID : SB17.5059

C. SOLUTIONS FOR FUNDRAISING IN TEXAS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1505 ELM ST
1601

City DALLAS State TX Zip Code 75201

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 24 / 2016

Amount of Each Disbursement this Period: 2500.00

Memo Item

Transaction ID : SB17.5479

SUBTOTAL of Disbursements This Page (optional) 7500.00

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 46 OF 71			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MS. ROSE SPERRY		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016
Mailing Address 2724 S SUNSET DRIVE		Amount of Each Disbursement this Period 133.69
City COTTONWOOD	State AZ	
Zip Code 86326	Purpose of Disbursement IN-KIND: PLACED MEDIA	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5526
State: District:		

Full Name (Last, First, Middle Initial) B. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 3075.00
City ORO VALLEY	State AZ	
Zip Code 85755	Purpose of Disbursement RESEARCH CONSULTING	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5043
State: District:		

Full Name (Last, First, Middle Initial) C. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 182.96
City ORO VALLEY	State AZ	
Zip Code 85755	Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5044
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3391.65
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 47 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 3075.00
City ORO VALLEY	State AZ	
Zip Code 85755	Purpose of Disbursement RESEARCH CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5061
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 140.27
City ORO VALLEY	State AZ	
Zip Code 85755	Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5062
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 2780.00
City ORO VALLEY	State AZ	
Zip Code 85755	Purpose of Disbursement RESEARCH CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5071
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5995.27
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 48 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 305.28
City ORO VALLEY	State AZ Zip Code 85755	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5072
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 2875.00
City ORO VALLEY	State AZ Zip Code 85755	
Purpose of Disbursement RESEARCH CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5084
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 171.26
City ORO VALLEY	State AZ Zip Code 85755	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5085
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3351.54
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 49 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 2300.00
City ORO VALLEY	State AZ Zip Code 85755	
Purpose of Disbursement RESEARCH CONSULTING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5475
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. LYNNE ST. ANGELO		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 13052 N WOOSMAN WAY		Amount of Each Disbursement this Period 212.32
City ORO VALLEY	State AZ Zip Code 85755	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5476
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 3301 JEFFERSON DAVIS HWY		Amount of Each Disbursement this Period 159.01
City ALEXANDRIA	State VA Zip Code 22305	
Purpose of Disbursement JUST WIN REIMBURSEMENT: PRINTING & DESIGN SERVICES	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5094
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2512.32
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 50 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MS. SHERESE STEFFENS			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016	
Mailing Address 5869 W. OASIS ROAD			Amount of Each Disbursement this Period 656.25	
City TUCSON	State AZ	Zip Code 85742	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type	Transaction ID : SB17.5087	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. MS. SHERESE STEFFENS			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016	
Mailing Address 5869 W. OASIS ROAD			Amount of Each Disbursement this Period 547.50	
City TUCSON	State AZ	Zip Code 85742	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type	Transaction ID : SB17.5478	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016	
Mailing Address 1033 N FAIRFAX ST SUITE 400			Amount of Each Disbursement this Period 19.53	
City ALEXANDRIA	State VA	Zip Code 22314	Memo Item <input type="checkbox"/>	
Purpose of Disbursement MERCHANT FEES		Category/Type	Transaction ID : SB17.5031	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional)	1223.28
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 51 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. TARGETED VICTORY

Mailing Address 1033 N FAIRFAX ST
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 05 / 2016

Amount of Each Disbursement this Period
17.75

Memo Item

Transaction ID : SB17.5034

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

Mailing Address 1033 N FAIRFAX ST
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

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

Amount of Each Disbursement this Period
7.10

Memo Item

Transaction ID : SB17.5039

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

Mailing Address 1033 N FAIRFAX ST
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

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

Amount of Each Disbursement this Period
21.30

Memo Item

Transaction ID : SB17.5040

SUBTOTAL of Disbursements This Page (optional)..... 46.15

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 52 OF 71			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 142.00
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5041

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 1092.50
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5046

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 21.30
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5054

SUBTOTAL of Disbursements This Page (optional).....	1255.80
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 53 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 02 / 05 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 28.40
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5055

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 14.20
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5056

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 53.25
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5060

SUBTOTAL of Disbursements This Page (optional).....	95.85
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 54 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 7.10
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5063

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 53.32
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5064

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 7.10
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5065

SUBTOTAL of Disbursements This Page (optional).....	67.52
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 55 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 7.10
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MERCHANT FEES	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5066
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 1.78
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MERCHANT FEES	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5073
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 17.75
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MERCHANT FEES	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5075
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	26.63
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 56 OF 71			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement
Mailing Address 1033 N FAIRFAX ST SUITE 400		M M / D D / Y Y Y Y 03 / 02 / 2016
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement MERCHANT FEES	Amount of Each Disbursement this Period 1.78	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.5081	

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement
Mailing Address 1033 N FAIRFAX ST SUITE 400		M M / D D / Y Y Y Y 03 / 03 / 2016
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement MERCHANT FEES	Amount of Each Disbursement this Period 39.05	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.5082	

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement
Mailing Address 1033 N FAIRFAX ST SUITE 400		M M / D D / Y Y Y Y 03 / 04 / 2016
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement MERCHANT FEES	Amount of Each Disbursement this Period 1.78	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.5083	

SUBTOTAL of Disbursements This Page (optional).....	42.61
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 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 1.06
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5088

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 35.50
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5245

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 10.67
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5482

SUBTOTAL of Disbursements This Page (optional).....	47.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 71			
	<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)
KIEHNE FOR CONGRESS

A. TARGETED VICTORY

Full Name (Last, First, Middle Initial)
Mailing Address 1033 N FAIRFAX ST
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

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

Amount of Each Disbursement this Period
19.53

Memo Item

Transaction ID : SB17.5483

B. TARGETED VICTORY

Full Name (Last, First, Middle Initial)
Mailing Address 1033 N FAIRFAX ST
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 23 / 2016

Amount of Each Disbursement this Period
1.78

Memo Item

Transaction ID : SB17.5484

C. TARGETED VICTORY

Full Name (Last, First, Middle Initial)
Mailing Address 1033 N FAIRFAX ST
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

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

Amount of Each Disbursement this Period
350.00

Memo Item

Transaction ID : SB17.5485

SUBTOTAL of Disbursements This Page (optional)..... 371.31

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 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 8.88
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5486

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 1033 N FAIRFAX ST SUITE 400		Amount of Each Disbursement this Period 8.88
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5503

Full Name (Last, First, Middle Initial) C. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 10645 N ORACLE RD		Amount of Each Disbursement this Period 180.79
City ORO VALLEY	State AZ Zip Code 85737	
Purpose of Disbursement ST. ANGELO REIMBURSEMENT: PRINTING & DESIGN SERVICES	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5107

SUBTOTAL of Disbursements This Page (optional).....	17.76
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 60 OF 71			
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address 10645 N ORACLE RD		Amount of Each Disbursement this Period 53.27
City ORO VALLEY	State AZ	
Zip Code 85737	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: PRINTING & DESIGN SERVICES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5100
State: District:		

Full Name (Last, First, Middle Initial) B. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 10645 N ORACLE RD		Amount of Each Disbursement this Period 15.20
City ORO VALLEY	State AZ	
Zip Code 85737	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: PRINTING & DESIGN SERVICES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5115
State: District:		

Full Name (Last, First, Middle Initial) C. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 10645 N ORACLE RD		Amount of Each Disbursement this Period 54.27
City ORO VALLEY	State AZ	
Zip Code 85737	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: PRINTING & DESIGN SERVICES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5491
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 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE VOYAGEUR COMANY, LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2016	
Mailing Address 1151 ORCHARD CIRCLE			Amount of Each Disbursement this Period 19152.69	
City ST. PAUL	State MN	Zip Code 55118	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PRINTING & DESIGN SERVICES		Category/ Type	Transaction ID : SB17.5077	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. TOTALLY CHEAP TEES			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016	
Mailing Address 919 S MAIN STREET			Amount of Each Disbursement this Period 472.18	
City SNOWFLAKE	State AZ	Zip Code 85937	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement IN-KIND: PRINTING & DESIGN SERVICES		Category/ Type	Transaction ID : SB17.5541	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. UBER			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016	
Mailing Address 405 HOWARD STREET			Amount of Each Disbursement this Period 93.81	
City SAN FRANCISCO	State CA	Zip Code 94105	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement JUST WIN REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Category/ Type	Transaction ID : SB17.5096	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	19152.69
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 62 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address 11900 N LA CANADA DRIVE		Amount of Each Disbursement this Period 49.00
City ORO VALLEY	State AZ	
Zip Code 85737	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: POSTAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5104
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VECTOR IMPRESSIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 7540 N LA CHOLLA BLVD.		Amount of Each Disbursement this Period 63.66
City TUCSON	State AZ	
Zip Code 85741	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: PRINTING & DESIGN SERVICES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5489
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address 8280 N CORTARO ROAD		Amount of Each Disbursement this Period 24.55
City MARANA	State AZ	
Zip Code 85653	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: PRINTING & DESIGN SERVICES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5102
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	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 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 8280 N CORTARO ROAD		Amount of Each Disbursement this Period 7.50
City MARANA State AZ Zip Code 85653	Purpose of Disbursement ST. ANGELO REIMBURSEMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5112
State: District:		

Full Name (Last, First, Middle Initial) B. WHITE MOUNTAIN PUBLISHING CO.		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address PO BOX 1570		Amount of Each Disbursement this Period 791.53
City SHOW LOW State AZ Zip Code 85902	Purpose of Disbursement PRINTING & DESIGN SERVICES	
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5033
State: District:		

Full Name (Last, First, Middle Initial) C. WHITE MOUNTAIN PUBLISHING CO.		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address PO BOX 1570		Amount of Each Disbursement this Period 349.53
City SHOW LOW State AZ Zip Code 85902	Purpose of Disbursement PRINTING & DESIGN SERVICES	
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5048
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1141.06
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 64 OF 71	
	<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)
KIEHNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WHITE MOUNTAIN PUBLISHING CO.		Date of Disbursement MM / DD / YYYY 02 / 23 / 2016
Mailing Address PO BOX 1570		Amount of Each Disbursement this Period 422.86
City SHOW LOW	State AZ Zip Code 85902	
Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5074
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. WHITE MOUNTAIN PUBLISHING CO.		Date of Disbursement MM / DD / YYYY 03 / 24 / 2016
Mailing Address PO BOX 1570		Amount of Each Disbursement this Period 1070.19
City SHOW LOW	State AZ Zip Code 85902	
Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5487
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. WHITE MOUNTAIN TEES		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 439 S MAIN STREET		Amount of Each Disbursement this Period 945.88
City SNOWFLAKE	State AZ Zip Code 85937	
Purpose of Disbursement IN-KIND: PRINTING & DESIGN SERVICES	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5543
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1493.05
TOTAL This Period (last page this line number only).....	113623.32

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **KIEHNE FOR CONGRESS** Transaction ID : **SC/10.4099**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
MR. GARY KIEHNE

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 1974

City State ZIP Code
EAGAR AZ 85925

Original Amount of Loan 19700.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 19700.00
--	---	--

TERMS

Date Incurred: M 03 / D 30 / Y 2015
Date Due: M / D / Y On Demand
Interest Rate: **0.00** % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... **19700.00**

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **KIEHNE FOR CONGRESS** Transaction ID : **SC/10.4460**

LOAN SOURCE Full Name (Last, First, Middle Initial) **MR. GARY KIEHNE** *PERSONAL FUNDS* Memo Item
 Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 P.O. BOX 1974

City State ZIP Code
 EAGAR AZ 85925

Original Amount of Loan 12722.14	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12722.14
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 06 / D 30 / Y 2015
 Date Due: M M / D D / Y Y Y Y
 Interest Rate: 0.00 % (apr)
 Secured: Yes No
 DUE ON DEMAND

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	12722.14
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **KIEHNE FOR CONGRESS** Transaction ID : **SC/10.4467**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
MR. GARY KIEHNE Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 1974

City State ZIP Code
EAGAR AZ 85925

Original Amount of Loan 650.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 650.00
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TERMS

Date Incurred M 06 / D 30 / Y 2015	Date Due M M / D D / Y Y Y Y DUE ON DEMAND	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 650.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4474

KIEHNE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
MR. GARY KIEHNE

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 1974

City State ZIP Code
EAGAR AZ 85925

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
400000.00 120000.00 280000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 30 / 2015 M M / D D / 12/31/2016 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 280000.00
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **KIEHNE FOR CONGRESS** Transaction ID : **SC/10.4838**

LOAN SOURCE Full Name (Last, First, Middle Initial) **MR. GARY KIEHNE** *PERSONAL FUNDS* Memo Item
 Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 P.O. BOX 1974
 City State ZIP Code
 EAGAR AZ 85925

Original Amount of Loan 45000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 45000.00
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TERMS
 Date Incurred: M 09 / D 30 / Y 2015
 Date Due: M M / D D / Y Y Y Y
 Interest Rate: 0.00 % (apr)
 Secured: Yes No
 DUE ON DEMAND

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 45000.00
TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4954

KIEHNE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
MR. GARY KIEHNE

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 1974

City State ZIP Code
EAGAR AZ 85925

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
150000.00 0.00 150000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 31 / Y 2015 M M / D D / Y DUE ON DEMAND 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 150000.00
TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **KIEHNE FOR CONGRESS** Transaction ID : **SC/10.5504**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
MR. GARY KIEHNE

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 1974

City State ZIP Code
EAGAR AZ 85925

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS

Date Incurred: M 03 / D 31 / Y 2016
Date Due: M / D / Y **DUE ON DEMAND**
Interest Rate: **0.00** % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	50000.00
TOTALS This Period (last page in this line only).....	558072.14

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.