

# FEC FORM 3P

# REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

LINDSEY GRAHAM 2016

ADDRESS (number and street)

PO BOX 2732

Check if different than previously reported. (ACC)

Columbia

CITY

SC

STATE

29202

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00578757

3. THIS REPORT IS FOR Primary

or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1)
- October 15 (Q3)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

Thirtieth day report following the General Election

on MM / DD / YYYY

Twelfth day report preceding election

on MM / DD / YYYY in the State of

Is this Report an Amendment?

yes

no

5. Covering Period

MM / DD / YYYY 07 / 01 / 2015

through

MM / DD / YYYY 09 / 30 / 2015

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

THAD H WESTBROOK

Signature of Treasurer

THAD H WESTBROOK

[Electronically Filed]

Date

MM / DD / YYYY 10 / 15 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of this form are obsolete and should no longer be used.

Office Use Only

Write or Type Committee Name

**LINDSEY GRAHAM 2016**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2015

**SUMMARY**

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	2582819.11
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	1052657.62
8. SUBTOTAL (Lines 6 and 7) .....	3635476.73
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	1984167.60
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	1651309.13
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	0.00
13. EXPENDITURES SUBJECT TO LIMITATION .....	0.00

**NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES**

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	3020800.49
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	3094501.42

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

**LINDSEY GRAHAM 2016**

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2015

To:

MM / DD / YYYY  
09 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	785560.60	2783601.63
(ii) unitemized .....	50338.74	200048.86
(iii) Total contributions .....	835899.34	2983650.49
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	16750.00	53550.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	852649.34	3037200.49
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	200000.00	1725000.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....	0.00	0.00
(b) Other Loans .....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	0.00	0.00
(b) Fundraising .....	0.00	0.00
(c) Legal and Accounting .....	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	0.00	0.00
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	8.28	10.06
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	1052657.62	4762210.55

**DETAILED SUMMARY PAGE**  
of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

**LINDSEY GRAHAM 2016**

Report Covering the Period: From:

M M / D D / Y Y Y Y  
07 / 01 / 2015

To:

M M / D D / Y Y Y Y  
09 / 30 / 2015

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

23. OPERATING EXPENDITURES.....	1979167.60	3094501.42
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	5000.00	16400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	5000.00	16400.00
29. OTHER DISBURSEMENTS .....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	1984167.60	3110901.42

**III. CONTRIBUTED ITEMS**  
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00	
---	------	--

FEC FORM 3P,  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES  
BY STATE FOR  
A PRESIDENTIAL CANDIDATE**  
(Used Only by Primary Committees Receiving  
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00578757

LINDSEY GRAHAM 2016

ADDRESS (number and street) PO BOX 2732

Columbia

CITY

SC

STATE

29202

ZIP CODE

3. NAME OF CANDIDATE

**ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**KEN ABRAMOWITZ**

Mailing Address **P.O. BOX 958**

City **SOUTHPORT** State **CT** Zip Code **06890-0958**

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

Name of Employer **NGN CAPITAL** Occupation **ANALYST**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2800.00**

**Transaction ID : SA17.74071**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**B.** Full Name (Last, First, Middle Initial)  
**MR. LEONARD ABRAMSON**

Mailing Address **376 REGATTA DRIVE**

City **JUPITER** State **FL** Zip Code **33477-4076**

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 ▼  
**2000.00**

**Transaction ID : SA17.74723**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES P. ADDINGTON**

Mailing Address **252 DEER CREEK RD**

City **EASLEY** State **SC** Zip Code **29640-7693**

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 ▼  
**1200.00**

**Transaction ID : SA17.72890**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**200.00**

**Subtotal Of Receipts This Page** (optional).....▶ **2300.00**

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. PATTI H. ADDISON**

Mailing Address **9 FERREL LANE**

City State Zip Code  
**COLUMBIA SC 29212-8825**

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

Name of Employer Occupation  
**SCANA CORP. VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.73858**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 17 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MEILING AKUNA**

Mailing Address **P.O. BOX 790126**

City State Zip Code  
**PAIA HI 96779-0126**

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

Name of Employer Occupation  
**HOMEMAKER HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**950.00**

**Transaction ID : SA17.73237**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 10 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MEILING AKUNA**

Mailing Address **P.O. BOX 790126**

City State Zip Code  
**PAIA HI 96779-0126**

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

Name of Employer Occupation  
**HOMEMAKER HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**950.00**

**Transaction ID : SA17.73238**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 08 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**Subtotal Of Receipts This Page** (optional).....▶ **650.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MEILING AKUNA**

Mailing Address P.O. BOX 790126

City PAIA State HI Zip Code 96779-0126

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
950.00

**Transaction ID : SA17.73938**

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
950.00

**B.** Full Name (Last, First, Middle Initial)  
**MEILING AKUNA**

Mailing Address P.O. BOX 790126

City PAIA State HI Zip Code 96779-0126

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
950.00

**Transaction ID : SA17.74065**

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MEILING AKUNA**

Mailing Address P.O. BOX 790126

City PAIA State HI Zip Code 96779-0126

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
950.00

**Transaction ID : SA17.74774**

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional)..... 200.00

**Total This Period** (last page this line number only).....

SCHEDULE A-P  
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 862

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

A. Full Name (Last, First, Middle Initial)  
**JIM ALBAUGH**

Mailing Address **1000 1ST AVE**  
**UNIT 2201**

City **SEATTLE** State **WA** Zip Code **98104-0902**

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 ▼  
**5400.00**

Transaction ID : **SA17.73086**

Date of Receipt

M M / D D / Y Y Y Y  
**07 / 21 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period

**2800.00**

B. Full Name (Last, First, Middle Initial)  
**JIM ALBAUGH**

Mailing Address **1000 1ST AVE**  
**UNIT 2201**

City **SEATTLE** State **WA** Zip Code **98104-0902**

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 ▼  
**5400.00**

Transaction ID : **SA17.73086B**

Date of Receipt

M M / D D / Y Y Y Y  
**09 / 16 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period

**-2700.00**

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)  
**JIM ALBAUGH**

Mailing Address **1000 1ST AVE**  
**UNIT 2201**

City **SEATTLE** State **WA** Zip Code **98104-0902**

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 ▼  
**5400.00**

Transaction ID : **SA17.75016**

Date of Receipt

M M / D D / Y Y Y Y  
**09 / 16 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period

**2700.00**

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

Subtotal Of Receipts This Page (optional).....▶ **2800.00**

Total This Period (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **7 MAPLE STREET**

City	State	Zip Code
NEW CANAAN	CT	06840-5731

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

Name of Employer	Occupation
BREVET CAPITAL	SENIOR ADVISOR, DEFENSE FINANCING

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>
---	--

**Transaction ID : SA17.75030**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAN JOSEPH ALEXANDER**

Mailing Address **5342 GROVE STREET**

City	State	Zip Code
SKOKIE	IL	60077-1545

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

Name of Employer	Occupation
NORTHWESTERN UNIV SETTLEMENT ASSOC	COO

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1450.00</b>
---	--

**Transaction ID : SA17.73169**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAN JOSEPH ALEXANDER**

Mailing Address **5342 GROVE STREET**

City	State	Zip Code
SKOKIE	IL	60077-1545

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

Name of Employer	Occupation
NORTHWESTERN UNIV SETTLEMENT ASSOC	COO

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1450.00</b>
---	--

**Transaction ID : SA17.73695**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**200.00**

**Subtotal Of Receipts This Page** (optional)..... **1300.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAN JOSEPH ALEXANDER**

Mailing Address 5342 GROVE STREET

City State Zip Code  
SKOKIE IL 60077-1545

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

Name of Employer Occupation  
NORTHWESTERN UNIV SETTLEMENT ASSO COO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1450.00

**Transaction ID : SA17.74336**

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAN JOSEPH ALEXANDER**

Mailing Address 5342 GROVE STREET

City State Zip Code  
SKOKIE IL 60077-1545

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

Name of Employer Occupation  
NORTHWESTERN UNIV SETTLEMENT ASSOC COO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1450.00

**Transaction ID : SA17.75323**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAN JOSEPH ALEXANDER**

Mailing Address 5342 GROVE STREET

City State Zip Code  
SKOKIE IL 60077-1545

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

Name of Employer Occupation  
NORTHWESTERN UNIV SETTLEMENT ASSOC COO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1450.00

**Transaction ID : SA17.75324**

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
800.00

**Subtotal Of Receipts This Page** (optional).....▶ 950.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)

**MR. LEIGH ALEXANDER**

Mailing Address 19 STANMORE COURT

City State Zip Code  
POTOMAC MD 20854-1516

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69850**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

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

**AIHAM ALSAMMARAE**

Mailing Address 117 COVINGTON CT

City State Zip Code  
OAK BROOK IL 60523-2575

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
KCI ENGINEERING CONSULTANTS CONSULTANT ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73167**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

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

**JON AMDURSKY**

Mailing Address 5200 EAST PALM CIRCLE

City State Zip Code  
TAMARAC FL 33319-3149

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF-EMPLOYED PUBLICITY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73268**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

<input type="text" value="10.00"/>
------------------------------------

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JON AMDURSKY**

Mailing Address 5200 EAST PALM CIRCLE

City State Zip Code  
TAMARAC FL 33319-3149

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

Name of Employer Occupation  
SELF-EMPLOYED PUBLICITY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
317.00

**Transaction ID : SA17.75184**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**JON AMDURSKY**

Mailing Address 5200 EAST PALM CIRCLE

City State Zip Code  
TAMARAC FL 33319-3149

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

Name of Employer Occupation  
SELF-EMPLOYED PUBLICITY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
317.00

**Transaction ID : SA17.75441**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JEFFREY B. ARCHIE**

Mailing Address 324 BEAR CREEK ROAD

City State Zip Code  
CHAPIN SC 29036-8745

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

Name of Employer Occupation  
SCE&G CHIEF NUCLEAR OFFICER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.73848**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 535.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ALAN ARMSTRONG**

Mailing Address **9631 GREEN MOON PATH**

City **COLUMBIA** State **MD** Zip Code **21046-2077**

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 ▼  
 \_\_\_\_\_ 300.00

**Transaction ID : SA17.74137**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

**B.** Full Name (Last, First, Middle Initial)  
**JOSE M ARRUFAT-GRACIA**

Mailing Address **524 HILLSIDE TERRACE**

City **WEST ORANGE** State **NJ** Zip Code **07052-4306**

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

Name of Employer **ARRUFAT GRACIA LAW FIRM** Occupation **LAWYER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.73224**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MASOUD ASBAGHI**

Mailing Address **4856 COACH HILL DR.**

City **GREENVILLE** State **SC** Zip Code **29615-3810**

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

Name of Employer **BMW** Occupation **EMPLOYEE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 440.00

**Transaction ID : SA17.73186**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 1200.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MASOUD ASBAGHI**

Mailing Address 4856 COACH HILL DR.

City	State	Zip Code
GREENVILLE	SC	29615-3810

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

Name of Employer	Occupation
BMW	EMPLOYEE

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74046**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MASOUD ASBAGHI**

Mailing Address 4856 COACH HILL DR.

City	State	Zip Code
GREENVILLE	SC	29615-3810

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

Name of Employer	Occupation
BMW	EMPLOYEE

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74431**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MASOUD ASBAGHI**

Mailing Address 4856 COACH HILL DR.

City	State	Zip Code
GREENVILLE	SC	29615-3810

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

Name of Employer	Occupation
BMW	EMPLOYEE

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74581**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MASOUD ASBAGHI**

Mailing Address **4856 COACH HILL DR.**

City **GREENVILLE** State **SC** Zip Code **29615-3810**

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

Name of Employer **BMW** Occupation **EMPLOYEE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**440.00**

**Transaction ID : SA17.74840**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**MASOUD ASBAGHI**

Mailing Address **4856 COACH HILL DR.**

City **GREENVILLE** State **SC** Zip Code **29615-3810**

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

Name of Employer **BMW** Occupation **EMPLOYEE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**440.00**

**Transaction ID : SA17.75037**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MASOUD ASBAGHI**

Mailing Address **4856 COACH HILL DR.**

City **GREENVILLE** State **SC** Zip Code **29615-3810**

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

Name of Employer **BMW** Occupation **EMPLOYEE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**440.00**

**Transaction ID : SA17.75272**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**Subtotal Of Receipts This Page** (optional).....▶ **75.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**KENNETH ASCHENDORF**

Mailing Address **52 EAST 72ND STREET**

City **NEW YORK** State **NY** Zip Code **10021-4266**

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

Name of Employer **APF PROPERTIES** Occupation **REAL ESTATE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.73005**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**BONNIE ASHMAN**

Mailing Address **153 BAYBERRY LANE**

City **WESTPORT** State **CT** Zip Code **06880-4033**

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 ▼  
**900.00**

**Transaction ID : SA17.73982**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**BONNIE ASHMAN**

Mailing Address **153 BAYBERRY LANE**

City **WESTPORT** State **CT** Zip Code **06880-4033**

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 ▼  
**900.00**

**Transaction ID : SA17.74133**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**Subtotal Of Receipts This Page** (optional)..... **1125.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**BONNIE ASHMAN**

Mailing Address 153 BAYBERRY LANE

City WESTPORT State CT Zip Code 06880-4033

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 ▼  
900.00

**Transaction ID : SA17.74768**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**BONNIE ASHMAN**

Mailing Address 153 BAYBERRY LANE

City WESTPORT State CT Zip Code 06880-4033

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 ▼  
900.00

**Transaction ID : SA17.75157**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**BONNIE ASHMAN**

Mailing Address 153 BAYBERRY LANE

City WESTPORT State CT Zip Code 06880-4033

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 ▼  
900.00

**Transaction ID : SA17.75415**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 225.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**BEATTIE B. ASHMORE**

Mailing Address 316 RIVERSIDE DR.

City <b>GREENVILLE</b>	State <b>SC</b>	Zip Code <b>29605-1135</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>BEATTIE B. ASHMORE, PA</b>	Occupation <b>ATTORNEY</b>
---	-------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1500.00

**Transaction ID : SA17.75521**

Date of Receipt  

M M / D D / Y Y Y Y
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL L. ASHNER**

Mailing Address 101 COVE NECK ROAD

City <b>COVE NECK</b>	State <b>NY</b>	Zip Code <b>11771-1822</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>WINTHROP FINANCIAL ASSOCIATION</b>	Occupation <b>PRESIDENT</b>
---	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : SA17.73517**

Date of Receipt  

M M / D D / Y Y Y Y
07 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5400.00

SEE REATTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL L. ASHNER**

Mailing Address 101 COVE NECK ROAD

City <b>COVE NECK</b>	State <b>NY</b>	Zip Code <b>11771-1822</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>WINTHROP FINANCIAL ASSOCIATION</b>	Occupation <b>PRESIDENT</b>
---	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : SA17.73517B**

Date of Receipt  

M M / D D / Y Y Y Y
07 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -2700.00

**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 6900.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SUSAN ASHNER**

Mailing Address 101 COVE NECK ROAD

City	State	Zip Code
COVE NECK	NY	11771-1822

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
EXETER CAPITAL	BOOKKEEPER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73518**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

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

Mailing Address 142 LOMOND LANE

City	State	Zip Code
SPARTANBURG	SC	29307-3819

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74140**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**DENNIS AVERY**

Mailing Address 931 PITT STREET

City	State	Zip Code
MOUNT PLEASANT	SC	29464-5026

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
THE AVERY CO., INC.	REAL ESTATE

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73614**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GAYLE O. AVERYT**

Mailing Address P.O. BOX 1365

City	State	Zip Code
COLUMBIA	SC	29202-1365

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
COLONIAL SUPPLEMENTAL INSURANCE	CHAIRMAN EMERITUS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69892**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**ANNE C. BABB**

Mailing Address P.O. BOX 635

City	State	Zip Code
GRAY COURT	SC	29645-0635

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WOODRUFF HIGH	TEACHER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74674**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**ANNE C. BABB**

Mailing Address P.O. BOX 635

City	State	Zip Code
GRAY COURT	SC	29645-0635

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WOODRUFF HIGH	TEACHER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74675**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ANNE C. BABB**

Mailing Address P.O. BOX 635

City	State	Zip Code
GRAY COURT	SC	29645-0635

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

Name of Employer	Occupation
WOODRUFF HIGH	TEACHER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
395.00

**Transaction ID : SA17.74676**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**ANNE C. BABB**

Mailing Address P.O. BOX 635

City	State	Zip Code
GRAY COURT	SC	29645-0635

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

Name of Employer	Occupation
WOODRUFF HIGH	TEACHER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
395.00

**Transaction ID : SA17.74677**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**ANNE C. BABB**

Mailing Address P.O. BOX 635

City	State	Zip Code
GRAY COURT	SC	29645-0635

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

Name of Employer	Occupation
WOODRUFF HIGH	TEACHER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
395.00

**Transaction ID : SA17.74678**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 175.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOE R. BABB**

Mailing Address P.O. BOX 635

City	State	Zip Code
GRAY COURT	SC	29645-0635

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73333**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOE R. BABB**

Mailing Address P.O. BOX 635

City	State	Zip Code
GRAY COURT	SC	29645-0635

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73334**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOE R. BABB**

Mailing Address P.O. BOX 635

City	State	Zip Code
GRAY COURT	SC	29645-0635

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74533**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

SEE REATTRIBUTION

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ANNE C. BABB**

Mailing Address P.O. BOX 635

City State Zip Code  
GRAY COURT SC 29645-0635

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

Name of Employer Occupation  
WOODRUFF HIGH TEACHER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
395.00

**Transaction ID : SA17.74679**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
20.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOE R. BABB**

Mailing Address P.O. BOX 635

City State Zip Code  
GRAY COURT SC 29645-0635

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 ▼  
2700.00

**Transaction ID : SA17.74533B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-20.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

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

Mailing Address P.O. BOX 2403  
APT 115

City State Zip Code  
GREENVILLE SC 29602-2403

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

Name of Employer Occupation  
DORITY & MANNING, PA PATENT ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
223.00

**Transaction ID : SA17.74445**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
15.00

**Subtotal Of Receipts This Page** (optional).....▶ 15.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES BAGARAZZI**

Mailing Address **P.O. BOX 2403  
APT 115**

City **GREENVILLE** State **SC** Zip Code **29602-2403**

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

Name of Employer **DORITY & MANNING, PA** Occupation **PATENT ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**223.00**

**Transaction ID : SA17.75286**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**8.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES J. BAILEY SR.**

Mailing Address **1121 LINING CT.  
P.O. BOX 210**

City **CHARLESTON** State **SC** Zip Code **29407-7754**

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.72899**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARTHA G. BAILEY**

Mailing Address **95 CARDINAL DRIVE**

City **CLEMSON** State **SC** Zip Code **29631-1773**

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 ▼  
**875.00**

**Transaction ID : SA17.73051**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**125.00**

**Subtotal Of Receipts This Page** (optional)..... **633.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARTHA G. BAILEY**

Mailing Address 95 CARDINAL DRIVE

City State Zip Code  
CLEMSON SC 29631-1773

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 ▼  
875.00

**Transaction ID : SA17.73742**

Date of Receipt  
M M / D D / Y Y Y Y  
08 07 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. MARTHA G. BAILEY**

Mailing Address 95 CARDINAL DRIVE

City State Zip Code  
CLEMSON SC 29631-1773

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 ▼  
875.00

**Transaction ID : SA17.74750**

Date of Receipt  
M M / D D / Y Y Y Y  
09 22 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARTHA G. BAILEY**

Mailing Address 95 CARDINAL DRIVE

City State Zip Code  
CLEMSON SC 29631-1773

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 ▼  
875.00

**Transaction ID : SA17.75229**

Date of Receipt  
M M / D D / Y Y Y Y  
09 30 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
125.00

**Subtotal Of Receipts This Page** (optional).....▶ 375.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**V. C. BAILEY JR.**

Mailing Address 1031 ANDREWS FARM ROAD

City State Zip Code  
SPARTANBURG SC 29302-2809

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

Name of Employer Occupation  
VIC BAILEY FORD EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.74423**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. VOLLIE C. BAILEY III**

Mailing Address 104 WOOD LILY LANE

City State Zip Code  
SPARTANBURG SC 29307-2711

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

Name of Employer Occupation  
VIC BAILEY MAZDA SUBARU PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.74421**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM L. BALL III**

Mailing Address 604 JANNEYS LANE

City State Zip Code  
ALEXANDRIA VA 22302-4006

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

Name of Employer Occupation  
BALL & ASSOCIATES CONSULTING

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.74395**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 6400.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**HON. BRUCE BANNISTER**

Mailing Address 4 MONTROSE DR.

City State Zip Code  
GREENVILLE SC 29607-3034

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

Name of Employer Occupation  
BANNISTER, WYATT AND STALVEY ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74815**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. NANCY L. BANOV**

Mailing Address 56 REBELLION RD.

City State Zip Code  
CHARLESTON SC 29407-7448

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

**Transaction ID : SA17.72927**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. NANCY L. BANOV**

Mailing Address 56 REBELLION RD.

City State Zip Code  
CHARLESTON SC 29407-7448

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

**Transaction ID : SA17.74744**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 850.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A. Full Name (Last, First, Middle Initial)**

**MRS. TAMMY J. BARBER**

Mailing Address 410 HUDSON ROAD

City State Zip Code  
GREENVILLE SC 29615-3333

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

Name of Employer Occupation  
SELF-EMPLOYED EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.73864**

Date of Receipt

/  /

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

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

**MR. WILLIAM BARNET III**

Mailing Address 168 W. MAIN ST.

City State Zip Code  
SPARTANBURG SC 29306-2333

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 ▼  
5400.00

**Transaction ID : SA17.69902**

Date of Receipt

/  /

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

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

**MR. WILLIAM BARNET III**

Mailing Address 168 W. MAIN ST.

City State Zip Code  
SPARTANBURG SC 29306-2333

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 ▼  
5400.00

**Transaction ID : SA17.69902B**

Date of Receipt

/  /

**CONTRIBUTION**

Amount of Each Receipt this Period

-2700.00

**[MEMO ITEM]**

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....▶

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM BARNET III**

Mailing Address 168 W. MAIN ST.

City <b>SPARTANBURG</b>	State <b>SC</b>	Zip Code <b>29306-2333</b>
----------------------------	--------------------	-------------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5400.00

**Transaction ID : SA17.74697**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	01	/	2015

CONTRIBUTION

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**[MEMO ITEM]**  
 REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN LEEDS BARROLL IV**

Mailing Address 122 PINE POINT DR.

City <b>LEXINGTON</b>	State <b>SC</b>	Zip Code <b>29072-9772</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>ATTORNEY</b>
--	-------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2600.00

**Transaction ID : SA17.73665**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	04	/	2015

CONTRIBUTION

Amount of Each Receipt this Period  
 \_\_\_\_\_ 600.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS A. BARRON**

Mailing Address 545 PEARL STREET

City <b>BOULDER</b>	State <b>CO</b>	Zip Code <b>80302-5001</b>
------------------------	--------------------	-------------------------------

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

Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>AUTHOR</b>
--	-----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5400.00

**Transaction ID : SA17.69903**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	07	/	2015

CONTRIBUTION

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5400.00

**Subtotal Of Receipts This Page** (optional).....▶ **6000.00**

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS A. BARRON**

Mailing Address 545 PEARL STREET

City BOULDER State CO Zip Code 80302-5001

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

Name of Employer SELF-EMPLOYED Occupation AUTHOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.69903B**

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS A. BARRON**

Mailing Address 545 PEARL STREET

City BOULDER State CO Zip Code 80302-5001

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

Name of Employer SELF-EMPLOYED Occupation AUTHOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.74699**

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**STAN BARSHAY**

Mailing Address 10 FORTE DR

City OLD WESTBURY State NY Zip Code 11568-1309

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

**Transaction ID : SA17.73588**

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 100.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address 5000 GASPARILLA RD

City State Zip Code  
BOCA GRANDE FL 33921

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 ▼  
5400.00

**Transaction ID : SA17.75210**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL BAYLY**

Mailing Address 5000 GASPARILLA RD

City State Zip Code  
BOCA GRANDE FL 33921

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 ▼  
5400.00

**Transaction ID : SA17.75213**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. PAMELA C. BAYLY**

Mailing Address 5000 GASPARILLA RD

City State Zip Code  
BOCA GRANDE FL 33921

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 ▼  
5400.00

**Transaction ID : SA17.75209**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 8100.00

**Total This Period** (last page this line number only).....▶

### SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="checked" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A. Full Name (Last, First, Middle Initial)**  
**MRS. PAMELA C. BAYLY**

Mailing Address 5000 GASPARILLA RD

City	State	Zip Code
BOCA GRANDE	FL	33921

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 ▼  
 \_\_\_\_\_ 5400.00

**Transaction ID : SA17.75212**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

CONTRIBUTION

Amount of Each Receipt this Period

\_\_\_\_\_ 2700.00

**B. Full Name (Last, First, Middle Initial)**  
**MR. RYAN L. BEASLEY**

Mailing Address 112 RIVERSIDE DRIVE

City	State	Zip Code
GREENVILLE	SC	29605-1132

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

Name of Employer	Occupation
SELF EMPLOYED	ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.73865**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2015

CONTRIBUTION

Amount of Each Receipt this Period

\_\_\_\_\_ 1000.00

**C. Full Name (Last, First, Middle Initial)**  
**RICHARD BECKER**

Mailing Address 190 VINE AVENUE

City	State	Zip Code
HIGHLAND PARK	IL	60035-2021

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

Name of Employer	Occupation
BECKER ARCHITECTS LTD	ARCHITECT

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : SA17.73012**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		16		2015

CONTRIBUTION

Amount of Each Receipt this Period

\_\_\_\_\_ 500.00

**Subtotal Of Receipts This Page (optional)**.....▶ \_\_\_\_\_ 4200.00

**Total This Period (last page this line number only)**.....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD BECKER**

Mailing Address 190 VINE AVENUE

City State Zip Code  
HIGHLAND PARK IL 60035-2021

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

Name of Employer Occupation  
BECKER ARCHITECTS LTD ARCHITECT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.73496A**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

CHARGED BACK \$500.00 ON 07/28/2015

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD BECKER**

Mailing Address 190 VINE AVENUE

City State Zip Code  
HIGHLAND PARK IL 60035-2021

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

Name of Employer Occupation  
BECKER ARCHITECTS LTD ARCHITECT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.73496B**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-500.00

CHARGED BACK

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN BECKHAM**

Mailing Address 1912 VALLEYWOOD RD.

City State Zip Code  
MCLEAN VA 22101-4930

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

Name of Employer Occupation  
SELF-EMPLOYED CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.71927**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1000.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 37 / 862

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A. Full Name (Last, First, Middle Initial)**

**MR. F. LOUIS BEHREND**

Mailing Address 3070 ROXBURGH DRIVE

City State Zip Code  
ROSWELL GA 30076-2459

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 ▼  
950.00

**Transaction ID : SA17.73813**

Date of Receipt

**08 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

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

**MR. F. LOUIS BEHREND**

Mailing Address 3070 ROXBURGH DRIVE

City State Zip Code  
ROSWELL GA 30076-2459

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 ▼  
950.00

**Transaction ID : SA17.74275**

Date of Receipt

**09 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

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

**MR. F. LOUIS BEHREND**

Mailing Address 3070 ROXBURGH DRIVE

City State Zip Code  
ROSWELL GA 30076-2459

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 ▼  
950.00

**Transaction ID : SA17.75429**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page (optional)**..... **600.00**

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 38 / 862

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)

**DAN P. BELL**

Mailing Address 336 CLEARVIEW DR

City State Zip Code  
COLUMBIA SC 29212-8310

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
DAN BELL & CO., INC PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74846**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
------------------------------------

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

**MR. HARRY S. BELL**

Mailing Address 1829 HIGHWAY 23

City State Zip Code  
WARD SC 29166-9616

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74992**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="200.00"/>
-------------------------------------

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

**J. EDWARD BELL III**

Mailing Address 219 S RIDGE ST

City State Zip Code  
GEORGETOWN SC 29440-2966

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BELL LEGAL GROUP SENIOR PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.72983**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="5200.00"/>
--------------------------------------

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**J. EDWARD BELL III**

Mailing Address 219 S RIDGE ST

City State Zip Code  
GEORGETOWN SC 29440-2966

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

Name of Employer Occupation  
BELL LEGAL GROUP SENIOR PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5200.00

**Transaction ID : SA17.72983B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2500.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**J. EDWARD BELL III**

Mailing Address 219 S RIDGE ST

City State Zip Code  
GEORGETOWN SC 29440-2966

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

Name of Employer Occupation  
BELL LEGAL GROUP SENIOR PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5200.00

**Transaction ID : SA17.75581**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**DR. T. JAMES BELL JR.**

Mailing Address 1204 W. CAROLINA AVE

City State Zip Code  
HARTSVILLE SC 29550-4454

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

Name of Employer Occupation  
THE MEDICAL GROUP PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.75258**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 250.00

**Total This Period** (last page this line number only).....▶

## SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 862

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

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS D. BELL**

Mailing Address 40 VALLEY RD NW

City	State	Zip Code
ATLANTA	GA	30305-1116

FEC ID number of contributing federal political committee.

**C** [REDACTED]

Name of Employer  
MESA CAPITAL PARTNERS

Occupation  
INVESTOR

Receipt For: 2016

Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

[REDACTED] 5300.00

**Transaction ID : SA17.71907**

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

### CONTRIBUTION

Amount of Each Receipt this Period

[REDACTED] 2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS D. BELL**

Mailing Address 40 VALLEY RD NW

City	State	Zip Code
ATLANTA	GA	30305-1116

FEC ID number of contributing federal political committee.

**C** [REDACTED]

Name of Employer  
MESA CAPITAL PARTNERS

Occupation  
INVESTOR

Receipt For: 2016

Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

[REDACTED] 5300.00

**Transaction ID : SA17.71907B**

Date of Receipt

M M / D D / Y Y Y Y
08 / 25 / 2015

### CONTRIBUTION

Amount of Each Receipt this Period

[REDACTED] -2600.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS D. BELL**

Mailing Address 40 VALLEY RD NW

City	State	Zip Code
ATLANTA	GA	30305-1116

FEC ID number of contributing federal political committee.

**C** [REDACTED]

Name of Employer  
MESA CAPITAL PARTNERS

Occupation  
INVESTOR

Receipt For: 2016

Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

[REDACTED] 5300.00

**Transaction ID : SA17.74297**

Date of Receipt

M M / D D / Y Y Y Y
08 / 25 / 2015

### CONTRIBUTION

Amount of Each Receipt this Period

[REDACTED] 2600.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....

[REDACTED] 0.00

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LINCOLN BENET**

Mailing Address **730 FIFTH AVE  
20TH FL**

City **NEW YORK** State **NY** Zip Code **10019-4105**

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

Name of Employer **ACCESS INDUSTRIES** Occupation **GENERAL MANAGEMENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.71921**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 23 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**5400.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**LINCOLN BENET**

Mailing Address **730 FIFTH AVE  
20TH FL**

City **NEW YORK** State **NY** Zip Code **10019-4105**

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

Name of Employer **ACCESS INDUSTRIES** Occupation **GENERAL MANAGEMENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.71921B**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 22 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**LINCOLN BENET**

Mailing Address **730 FIFTH AVE  
20TH FL**

City **NEW YORK** State **NY** Zip Code **10019-4105**

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

Name of Employer **ACCESS INDUSTRIES** Occupation **GENERAL MANAGEMENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.73102**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 22 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 862

16  17a  17b  17c  17d  18  
 19a  19b  20a  20b  20c  21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**PATRICIA BENET**

Mailing Address 730 5TH AVE FL 20

City State Zip Code  
NEW YORK NY 10019-4105

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.71923**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
5400.00

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**PATRICIA BENET**

Mailing Address 730 5TH AVE FL 20

City State Zip Code  
NEW YORK NY 10019-4105

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.71923B**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
-2700.00

[MEMO ITEM]  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**PATRICIA BENET**

Mailing Address 730 5TH AVE FL 20

City State Zip Code  
NEW YORK NY 10019-4105

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73104**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

[MEMO ITEM]  
REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CATHERINE BENFIELD</b>		<b>Transaction ID : SA17.73262</b>	
Mailing Address <b>849 ISLAND POINT LANE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2015	
City <b>CHAPIN</b>	State <b>SC</b>	Zip Code <b>29036-7602</b>	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PSYCHOLOGIST</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="883.84"/>	
		<b>CONTRIBUTION</b>  Amount of Each Receipt this Period <input type="text" value="10.00"/>	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>CATHERINE BENFIELD</b>		<b>Transaction ID : SA17.73263</b>	
Mailing Address <b>849 ISLAND POINT LANE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2015	
City <b>CHAPIN</b>	State <b>SC</b>	Zip Code <b>29036-7602</b>	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PSYCHOLOGIST</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="883.84"/>	
		<b>CONTRIBUTION</b>  Amount of Each Receipt this Period <input type="text" value="25.00"/>	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>CATHERINE BENFIELD</b>		<b>Transaction ID : SA17.73264</b>	
Mailing Address <b>849 ISLAND POINT LANE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 08 / 2015	
City <b>CHAPIN</b>	State <b>SC</b>	Zip Code <b>29036-7602</b>	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PSYCHOLOGIST</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="883.84"/>	
		<b>CONTRIBUTION</b>  Amount of Each Receipt this Period <input type="text" value="25.00"/>	

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code  
**CHAPIN SC 29036-7602**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**883.84**

**Transaction ID : SA17.73265**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 09 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code  
**CHAPIN SC 29036-7602**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**883.84**

**Transaction ID : SA17.74008**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 07 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**15.00**

**C.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code  
**CHAPIN SC 29036-7602**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**883.84**

**Transaction ID : SA17.74009**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 03 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**17.76**

**Subtotal Of Receipts This Page** (optional)..... **57.76**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address 849 ISLAND POINT LANE

City	State	Zip Code
CHAPIN	SC	29036-7602

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

Name of Employer SELF-EMPLOYED	Occupation PSYCHOLOGIST
-----------------------------------	----------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
883.84

**Transaction ID : SA17.74164**

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00
-------

**B.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address 849 ISLAND POINT LANE

City	State	Zip Code
CHAPIN	SC	29036-7602

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

Name of Employer SELF-EMPLOYED	Occupation PSYCHOLOGIST
-----------------------------------	----------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
883.84

**Transaction ID : SA17.74165**

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00
-------

**C.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address 849 ISLAND POINT LANE

City	State	Zip Code
CHAPIN	SC	29036-7602

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

Name of Employer SELF-EMPLOYED	Occupation PSYCHOLOGIST
-----------------------------------	----------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
883.84

**Transaction ID : SA17.74367**

Date of Receipt

M M / D D / Y Y Y Y
08 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00
-------

**Subtotal Of Receipts This Page (optional)**.....▶ **60.00**

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address **849 ISLAND POINT LANE**

City **CHAPIN** State **SC** Zip Code **29036-7602**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**883.84**

**Transaction ID : SA17.74368**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**10.00**

**B.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address **849 ISLAND POINT LANE**

City **CHAPIN** State **SC** Zip Code **29036-7602**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**883.84**

**Transaction ID : SA17.74370**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address **849 ISLAND POINT LANE**

City **CHAPIN** State **SC** Zip Code **29036-7602**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**883.84**

**Transaction ID : SA17.74555**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**10.00**

**Subtotal Of Receipts This Page** (optional).....▶ **120.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code  
**CHAPIN SC 29036-7602**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**883.84**

**Transaction ID : SA17.74556**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 31 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**17.76**

**B.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code  
**CHAPIN SC 29036-7602**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**883.84**

**Transaction ID : SA17.74557**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 27 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code  
**CHAPIN SC 29036-7602**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**883.84**

**Transaction ID : SA17.74661**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 03 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**10.00**

**Subtotal Of Receipts This Page** (optional)..... **52.76**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code  
**CHAPIN SC 29036-7602**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**883.84**

**Transaction ID : SA17.74974**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code  
**CHAPIN SC 29036-7602**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**883.84**

**Transaction ID : SA17.75464**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**8.00**

**C.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code  
**CHAPIN SC 29036-7602**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**883.84**

**Transaction ID : SA17.75465**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**10.00**

**Subtotal Of Receipts This Page** (optional)..... **43.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**CATHERINE BENFIELD**

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code  
**CHAPIN SC 29036-7602**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**883.84**

**Transaction ID : SA17.75466**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 24 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**20.16**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES A. BERGER**

Mailing Address **P.O. BOX 12666**

City State Zip Code  
**COVINGTON KY 41012-0666**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.74246**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 26 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**DR. ROBERT F. BERGER**

Mailing Address **5251 FOREST DRIVE**

City State Zip Code  
**COLUMBIA SC 29206-4920**

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

Name of Employer Occupation  
**BERGER DENTAL DENTIST**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**750.00**

**Transaction ID : SA17.73179**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 07 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page** (optional)..... **520.16**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)

**MR. PAUL C. BERGSON**

Mailing Address 26101 MARSH LANDING PKWY

City State Zip Code  
PONTE VEDRA BEACH FL 32082-1223

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BERGSON & COMPANY CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.72974**

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

**CONTRIBUTION**

Amount of Each Receipt this Period

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

**MARC BERMAN**

Mailing Address 180 E PEARSON ST  
5604

City State Zip Code  
CHICAGO IL 60611-2130

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75416**

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

**CONTRIBUTION**

Amount of Each Receipt this Period

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

**JAY BERNSTEIN**

Mailing Address 124 W WILLETS ROAD

City State Zip Code  
OLD WESTBURY NY 11568-1521

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NIC HOLDINGS ENERGY TRADING

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73008**

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

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 51 / 862

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JAY BERNSTEIN**

Mailing Address 124 W WILLETS ROAD

City State Zip Code  
OLD WESTBURY NY 11568-1521

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

Name of Employer Occupation  
NIC HOLDINGS ENERGY TRADING

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73008B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 01 2015

CONTRIBUTION

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**JAY BERNSTEIN**

Mailing Address 124 W WILLETS ROAD

City State Zip Code  
OLD WESTBURY NY 11568-1521

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

Name of Employer Occupation  
NIC HOLDINGS ENERGY TRADING

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.74706**

Date of Receipt  
M M / D D / Y Y Y Y  
09 01 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**JAY BERNSTEIN**

Mailing Address 124 W WILLETS ROAD

City State Zip Code  
OLD WESTBURY NY 11568-1521

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

Name of Employer Occupation  
NIC HOLDINGS ENERGY TRADING

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73009**

Date of Receipt  
M M / D D / Y Y Y Y  
07 15 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 2700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL P. BERNSTEIN**

Mailing Address **2 SUTTON PLACE SOUTH**

City State Zip Code  
**NEW YORK NY 10022-3070**

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**

**Transaction ID : SA17.75027**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**W. H. BEST**

Mailing Address **5055 LAKESHORE DR**

City State Zip Code  
**COLUMBIA SC 29206-4902**

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

Name of Employer Occupation  
**THERMAL ENGINEERING CORP. PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**10000.00**

**Transaction ID : SA17.75506**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**10000.00**

VERIF/ REATT REDES LETTER SENT

**C.** Full Name (Last, First, Middle Initial)  
**PAULA HARPER BETHEA**

Mailing Address **51 PENINSULA DRIVE**

City State Zip Code  
**HILTON HEAD ISLAND SC 29926-1134**

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

Name of Employer Occupation  
**SCEL CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3717.70**

**Transaction ID : SA17.72800**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1500.00**

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional)..... **11000.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**PAULA HARPER BETHEA**

Mailing Address 51 PENINSULA DRIVE

City State Zip Code  
HILTON HEAD ISLAND SC 29926-1134

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

Name of Employer Occupation  
SCEL CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3717.70

**Transaction ID : SA17.72800B**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-1017.70

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**PAULA HARPER BETHEA**

Mailing Address 51 PENINSULA DRIVE

City State Zip Code  
HILTON HEAD ISLAND SC 29926-1134

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

Name of Employer Occupation  
SCEL CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3717.70

**Transaction ID : SA17.73109**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1017.70

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**ADOLPH BEYERLEIN**

Mailing Address 103 FOUR LAKES DRIVE

City State Zip Code  
EASLEY SC 29642-3305

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 ▼  
950.00

**Transaction ID : SA17.73324**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 50.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ADOLPH BEYERLEIN**

Mailing Address 103 FOUR LAKES DRIVE

City	State	Zip Code
EASLEY	SC	29642-3305

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73325**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**ADOLPH BEYERLEIN**

Mailing Address 103 FOUR LAKES DRIVE

City	State	Zip Code
EASLEY	SC	29642-3305

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74528**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**ADOLPH BEYERLEIN**

Mailing Address 103 FOUR LAKES DRIVE

City	State	Zip Code
EASLEY	SC	29642-3305

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74885**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**KENNETH BIALKIN**

Mailing Address **4 TIMES SQUARE**

City State Zip Code  
**NEW YORK NY 10036-6518**

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

Name of Employer Occupation  
**SKADDEN ARPS LAWYER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.74012**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 07 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1700.00**

**B.** Full Name (Last, First, Middle Initial)  
**SARAH BISER**

Mailing Address **20 FALCON RIDGE CIRCLE**

City State Zip Code  
**HOLMDEL NJ 07733-1959**

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

Name of Employer Occupation  
**MCCARTER & ENGLISH ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.73089**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 21 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**LYNNE BISHOP**

Mailing Address **1 ENTERPRISE DRIVE**

City State Zip Code  
**SALEM NH 03079-2912**

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 ▼  
**1160.00**

**Transaction ID : SA17.73396**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 12 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**100.00**

**Subtotal Of Receipts This Page** (optional).....▶ **2800.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LYNNE BISHOP**

Mailing Address **1 ENTERPRISE DRIVE**

City **SALEM** State **NH** Zip Code **03079-2912**

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 ▼  
**1160.00**

**Transaction ID : SA17.73557**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**LYNNE BISHOP**

Mailing Address **1 ENTERPRISE DRIVE**

City **SALEM** State **NH** Zip Code **03079-2912**

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 ▼  
**1160.00**

**Transaction ID : SA17.73974**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**LYNNE BISHOP**

Mailing Address **1 ENTERPRISE DRIVE**

City **SALEM** State **NH** Zip Code **03079-2912**

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 ▼  
**1160.00**

**Transaction ID : SA17.74098**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**10.00**

**Subtotal Of Receipts This Page** (optional).....▶ **60.00**

**Total This Period** (last page this line number only).....▶



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

**A.** Full Name (Last, First, Middle Initial)

LYNNE BISHOP

Mailing Address 1 ENTERPRISE DRIVE

City	State	Zip Code
SALEM	NH	03079-2912

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.74134

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

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

LYNNE BISHOP

Mailing Address 1 ENTERPRISE DRIVE

City	State	Zip Code
SALEM	NH	03079-2912

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.74349

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="10.00"/>
------------------------------------

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

LYNNE BISHOP

Mailing Address 1 ENTERPRISE DRIVE

City	State	Zip Code
SALEM	NH	03079-2912

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.74491

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="25.00"/>
------------------------------------

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LYNNE BISHOP**

Mailing Address **1 ENTERPRISE DRIVE**

City	State	Zip Code
SALEM	NH	03079-2912

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 ▼  
 ..... 1160.00

**Transaction ID : SA17.74606**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

.....	50.00
-------	-------

**B.** Full Name (Last, First, Middle Initial)  
**LYNNE BISHOP**

Mailing Address **1 ENTERPRISE DRIVE**

City	State	Zip Code
SALEM	NH	03079-2912

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 ▼  
 ..... 1160.00

**Transaction ID : SA17.74886**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			29			2015			

CONTRIBUTION

Amount of Each Receipt this Period

.....	15.00
-------	-------

**C.** Full Name (Last, First, Middle Initial)  
**LYNNE BISHOP**

Mailing Address **1 ENTERPRISE DRIVE**

City	State	Zip Code
SALEM	NH	03079-2912

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 ▼  
 ..... 1160.00

**Transaction ID : SA17.74887**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

.....	25.00
-------	-------

**Subtotal Of Receipts This Page** (optional).....▶ **90.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LYNNE BISHOP**

Mailing Address **1 ENTERPRISE DRIVE**

City State Zip Code  
**SALEM NH 03079-2912**

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 ▼  
**1160.00**

**Transaction ID : SA17.74888**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 31 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**LYNNE BISHOP**

Mailing Address **1 ENTERPRISE DRIVE**

City State Zip Code  
**SALEM NH 03079-2912**

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 ▼  
**1160.00**

**Transaction ID : SA17.75109**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 16 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**LYNNE BISHOP**

Mailing Address **1 ENTERPRISE DRIVE**

City State Zip Code  
**SALEM NH 03079-2912**

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 ▼  
**1160.00**

**Transaction ID : SA17.75113**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 17 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**Subtotal Of Receipts This Page** (optional)..... **75.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LYNNE BISHOP**

Mailing Address **1 ENTERPRISE DRIVE**

City	State	Zip Code
SALEM	NH	03079-2912

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 ▼  
1160.00

**Transaction ID : SA17.75132**

Date of Receipt  
MM / DD / YYYY  
**09 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**LYNNE BISHOP**

Mailing Address **1 ENTERPRISE DRIVE**

City	State	Zip Code
SALEM	NH	03079-2912

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 ▼  
1160.00

**Transaction ID : SA17.75377**

Date of Receipt  
MM / DD / YYYY  
**09 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**LYNNE BISHOP**

Mailing Address **1 ENTERPRISE DRIVE**

City	State	Zip Code
SALEM	NH	03079-2912

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 ▼  
1160.00

**Transaction ID : SA17.75378**

Date of Receipt  
MM / DD / YYYY  
**09 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 100.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 61 / 862

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES C. BLACK**

Mailing Address **227 GLENWOOD DR.**

City State Zip Code  
**MANNING SC 29102-2205**

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 ▼  
**300.00**

**Transaction ID : SA17.74729**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 21 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT DAVID BLACK**

Mailing Address **227 MCDANIEL AVE**

City State Zip Code  
**GREENVILLE SC 29601-3749**

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

Name of Employer Occupation  
**STATE OF SC ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.69979**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 07 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**WAYNE BLANTON**

Mailing Address **373 BENT OAK DRIVE**

City State Zip Code  
**CHAPIN SC 29036-7681**

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**

**Transaction ID : SA17.75417**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 29 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**100.00**

**Subtotal Of Receipts This Page** (optional)..... **450.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JON BLATT**

Mailing Address **3473 PRINCIPIO AVE.**

City State Zip Code  
**CINCINNATI OH 45208-4242**

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

Name of Employer Occupation  
**JOHN HENRY HOMES CO-FOUNDER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.74226**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 26 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**ALEX BLAVATNIK**

Mailing Address **730 5TH AVE**

City State Zip Code  
**NEW YORK NY 10019-4105**

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

Name of Employer Occupation  
**ACCESS INDUSTRIES MANAGER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.71922**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 22 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**5400.00**

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**ALEX BLAVATNIK**

Mailing Address **730 5TH AVE**

City State Zip Code  
**NEW YORK NY 10019-4105**

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

Name of Employer Occupation  
**ACCESS INDUSTRIES MANAGER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.71922B**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 21 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]**

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **500.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 862

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ALEX BLAVATNIK**

Mailing Address 730 5TH AVE

City	State	Zip Code
NEW YORK	NY	10019-4105

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ACCESS INDUSTRIES	MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74303**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**LARISA BLAVATNIK**

Mailing Address 67 MASON STREET

City	State	Zip Code
GREENWICH	CT	06830-3104

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.71920**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
06			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**LARISA BLAVATNIK**

Mailing Address 67 MASON STREET

City	State	Zip Code
GREENWICH	CT	06830-3104

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.71920B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....▶

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LARISA BLAVATNIK**

Mailing Address **67 MASON STREET**

City State Zip Code  
**GREENWICH CT 06830-3104**

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 ▼  
**5400.00**

**Transaction ID : SA17.74301**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 21 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**OLGA BLAVATNIK**

Mailing Address **19955 NE 38TH COURT 2502**

City State Zip Code  
**AVENTURA FL 33180-3432**

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 ▼  
**5400.00**

**Transaction ID : SA17.71917**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 22 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**5400.00**

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**OLGA BLAVATNIK**

Mailing Address **19955 NE 38TH COURT 2502**

City State Zip Code  
**AVENTURA FL 33180-3432**

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 ▼  
**5400.00**

**Transaction ID : SA17.71917B**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 21 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**OLGA BLAVATNIK**

Mailing Address 19955 NE 38TH COURT 2502

City	State	Zip Code
AVENTURA	FL	33180-3432

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74299**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MS. LOIS F. BLOOM**

Mailing Address 1187 SUMMIT DR.

City	State	Zip Code
BEVERLY HILLS	CA	90210-2251

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74759**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. RONALD H. BLOOM**

Mailing Address 9777 WILSHIRE BLVD., STE. 711

City	State	Zip Code
BEVERLY HILLS	CA	90212-1907

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CROWN ASSOCIATES REALTY, INC.	INDUSTRIAL REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74753**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MADELEINE BLOT**

Mailing Address 565 PARK AVENUE

City State Zip Code  
NEW YORK NY 10065-7344

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

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.73598**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MADELEINE BLOT**

Mailing Address 565 PARK AVENUE

City State Zip Code  
NEW YORK NY 10065-7344

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

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.74975**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL A. BOEHNEN**

Mailing Address 1833 N. SEDGWICK ST.

City State Zip Code  
CHICAGO IL 60614-5305

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

Name of Employer Occupation  
MCDONNELL BOEHNEN HULBERT & BERGHOFF PATENT ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : SA17.69931**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 250.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 / 862
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b
<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21		

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>RICHARD BOGAN</b> Mailing Address 513 RIVER CAMP DR City LEXINGTON State SC Zip Code 29072-8292 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation SOUTHEASTERN FREIGHT LINEA TRANSPORTATION Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="300.00"/>		<b>Transaction ID : SA17.73444</b> Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2015 <b>CONTRIBUTION</b> Amount of Each Receipt this Period <input type="text" value="100.00"/>
--	--	--

<b>B. Full Name (Last, First, Middle Initial)</b> <b>READ BOLES</b> Mailing Address 9087 KNIGHT RD City HOUSTON State TX Zip Code 77054-4305 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation SOUTHWEST SHIPYARD PRESIDENT Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>		<b>Transaction ID : SA17.74560</b> Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2015 <b>CONTRIBUTION</b> Amount of Each Receipt this Period <input type="text" value="1000.00"/>
--	--	---

<b>C. Full Name (Last, First, Middle Initial)</b> <b>MARK J. BOLTON</b> Mailing Address 8703 BELWORTH SQUARE City NEW ALBANY State OH Zip Code 43054-9074 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation COAST TO COAST HEALTHCARE SERVICES PHYSICIAN CEO Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="350.00"/>		<b>Transaction ID : SA17.74845</b> Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2015 <b>CONTRIBUTION</b> Amount of Each Receipt this Period <input type="text" value="100.00"/>
--	--	--

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN R. BOLZE**

Mailing Address **10 MARTINS COVE RD.**

City **HINGHAM** State **MA** Zip Code **02043-1025**

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

Name of Employer **GE POWER AND WATER** Occupation **PRESIDENT & CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.74719**

Date of Receipt  
MM / DD / YYYY  
**09 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**LINDA BORKOW**

Mailing Address **11 DEERFOOT LANE**

City **DOBBS FERRY** State **NY** Zip Code **10522-3315**

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 ▼  
**250.00**

**Transaction ID : SA17.74608**

Date of Receipt  
MM / DD / YYYY  
**09 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**LINDA BORKOW**

Mailing Address **11 DEERFOOT LANE**

City **DOBBS FERRY** State **NY** Zip Code **10522-3315**

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 ▼  
**250.00**

**Transaction ID : SA17.74867**

Date of Receipt  
MM / DD / YYYY  
**07 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**Subtotal Of Receipts This Page** (optional).....▶ **2850.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JON D. BOSSE**

Mailing Address 1017 N. CRESCENT DRIVE

City State Zip Code  
BEVERLY HILLS CA 90210-2803

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

Name of Employer Occupation  
NWQ INVESTMENT MANAGEMENT COMPAN INVESTMENT MANAGEMENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.74461**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. PAULETTE M. BOURGEOIS**

Mailing Address 520 EDGEWATER DRIVE

City State Zip Code  
GILFORD NH 03249-6681

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.73879**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. LARRY S. BOWMAN**

Mailing Address 103 GREYSTONE COUT

City State Zip Code  
SENECA SC 29672-7001

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

Name of Employer Occupation  
BLUE RIDGE ORTHOPEDIC SURGEON

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.69869**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 2250.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 862

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS M. BRAASCH**

Mailing Address **4 HUNTINGTON CT**

City	State	Zip Code
GREENVILLE	SC	29615-4213

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BRAASCH BUILDER	OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69217**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS M. BRAASCH**

Mailing Address **4 HUNTINGTON CT**

City	State	Zip Code
GREENVILLE	SC	29615-4213

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BRAASCH BUILDER	OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69217B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS M. BRAASCH**

Mailing Address **4 HUNTINGTON CT**

City	State	Zip Code
GREENVILLE	SC	29615-4213

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BRAASCH BUILDER	OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74284**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)

**MR. DENNIS M. BRAASCH**

Mailing Address 4 HUNTINGTON CT

City	State	Zip Code
GREENVILLE	SC	29615-4213

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BRAASCH BUILDER	OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.71883**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="1800.00"/>
--------------------------------------

**[MEMO ITEM]**

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

**MR. DENNIS M. BRAASCH**

Mailing Address 4 HUNTINGTON CT

City	State	Zip Code
GREENVILLE	SC	29615-4213

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BRAASCH BUILDER	OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.71883B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="-1700.00"/>
---------------------------------------

**[MEMO ITEM]**

REDESIGNATION TO GENERAL

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

**MR. DENNIS M. BRAASCH**

Mailing Address 4 HUNTINGTON CT

City	State	Zip Code
GREENVILLE	SC	29615-4213

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BRAASCH BUILDER	OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74286**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="1700.00"/>
--------------------------------------

**[MEMO ITEM]**

REDESIGNATION FROM PRIMARY

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 72 / 862

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**DR. WILLIAM BRADNAN MD**

Mailing Address 23 COTTONWOOD LANE

City State Zip Code  
HILTON HEAD ISLAND SC 29926-1960

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75149**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MARGARET E. BRADY**

Mailing Address 1706 HARRISON STREET

City State Zip Code  
SANTA CLARA CA 95050-4656

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75138**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			17			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**PAM BRAMMER**

Mailing Address 615 MOHICAN AVE  
1

City State Zip Code  
DOTHAN AL 36301-2147

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
TROY UNIVERSITY ADJUNCT INSTRUCTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73137**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
------------------------------------

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 73 / 862

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**PAM BRAMMER**

Mailing Address 615 MOHICAN AVE  
1

City DOTHAN State AL Zip Code 36301-2147

FEC ID number of contributing federal political committee.

Name of Employer TROY UNIVERSITY Occupation ADJUNCT INSTRUCTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74981**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**PAM BRAMMER**

Mailing Address 615 MOHICAN AVE  
1

City DOTHAN State AL Zip Code 36301-2147

FEC ID number of contributing federal political committee.

Name of Employer TROY UNIVERSITY Occupation ADJUNCT INSTRUCTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74982**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAN C. BREEDEN JR.**

Mailing Address 171 TWIN POND DR.

City SPARTANBURG State SC Zip Code 29307-1281

FEC ID number of contributing federal political committee.

Name of Employer JOHNSON DEVELOPMENT, INC. Occupation CFO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73852**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 74 / 862

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAN C. BREEDEN JR.**

Mailing Address 171 TWIN POND DR.

City State Zip Code  
SPARTANBURG SC 29307-1281

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
JOHNSON DEVELOPMENT, INC. CFO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73852B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAN C. BREEDEN JR.**

Mailing Address 171 TWIN POND DR.

City State Zip Code  
SPARTANBURG SC 29307-1281

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
JOHNSON DEVELOPMENT, INC. CFO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74725**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

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

Mailing Address 5255 HORIZONVUE DRIVE

City State Zip Code  
CINCINNATI OH 45239-7779

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73676**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH BREWER**

Mailing Address 3909 STONE BROOKE CIRCLE

City State Zip Code  
AMES IA 50010-4174

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 ▼  
400.00

**Transaction ID : SA17.73592**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH BREWER**

Mailing Address 3909 STONE BROOKE CIRCLE

City State Zip Code  
AMES IA 50010-4174

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 ▼  
400.00

**Transaction ID : SA17.75205**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS C. BRITTAIN**

Mailing Address 4614 OLEANDER DR.

City State Zip Code  
MYRTLE BEACH SC 29577-5736

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

Name of Employer Occupation  
HEARN BRITTAIN & MARTIN, PA ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

**Transaction ID : SA17.74217**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 400.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 76 / 862

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)

**MR. JACK G. BROCK**

Mailing Address P.O. BOX 2128

City State Zip Code  
EASLEY SC 29641-2128

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74609**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="25.00"/>
------------------------------------

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

**MR. ELLIOTT B. BROIDY**

Mailing Address 1801 CENTURY PARK E., STE. 2150

City State Zip Code  
LOS ANGELES CA 90067-2343

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BROIDY CAPITAL CEO/FINANCIAL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75547**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

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

**MR. TIM B. BROOKS**

Mailing Address 508 DUART RD

City State Zip Code  
LUMBERTON NC 28358-8013

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75527**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A. Full Name (Last, First, Middle Initial)**  
**MRS. MADELEINE BROUSSARD**

Mailing Address 403 WILKINSON STREET

City	State	Zip Code
GUEYDAN	LA	70542-3225

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	AGRICULTURAL LANDOWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74161**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

**B. Full Name (Last, First, Middle Initial)**  
**MRS. MADELEINE BROUSSARD**

Mailing Address 403 WILKINSON STREET

City	State	Zip Code
GUEYDAN	LA	70542-3225

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	AGRICULTURAL LANDOWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74554**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

**C. Full Name (Last, First, Middle Initial)**  
**MRS. MADELEINE BROUSSARD**

Mailing Address 403 WILKINSON STREET

City	State	Zip Code
GUEYDAN	LA	70542-3225

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	AGRICULTURAL LANDOWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74969**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page (optional)**.....

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 78 / 862

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MADELEINE BROUSSARD**

Mailing Address 403 WILKINSON STREET

City State Zip Code  
GUEYDAN LA 70542-3225

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

Name of Employer Occupation  
SELF-EMPLOYED AGRICULTURAL LANDOWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1050.00

**Transaction ID : SA17.74970**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MADELEINE BROUSSARD**

Mailing Address 403 WILKINSON STREET

City State Zip Code  
GUEYDAN LA 70542-3225

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

Name of Employer Occupation  
SELF-EMPLOYED AGRICULTURAL LANDOWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1050.00

**Transaction ID : SA17.75039**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MADELEINE BROUSSARD**

Mailing Address 403 WILKINSON STREET

City State Zip Code  
GUEYDAN LA 70542-3225

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

Name of Employer Occupation  
SELF-EMPLOYED AGRICULTURAL LANDOWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1050.00

**Transaction ID : SA17.75230**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MADELEINE BROUSSARD**

Mailing Address 403 WILKINSON STREET

City State Zip Code  
GUEYDAN LA 70542-3225

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

Name of Employer Occupation  
SELF-EMPLOYED AGRICULTURAL LANDOWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1050.00

**Transaction ID : SA17.75462**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**CAPT. CARRADEAN L. BROWN USN (RET.)**

Mailing Address 75 PINE GROVE LANE

City State Zip Code  
GEORGETOWN SC 29440-6830

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 ▼  
260.00

**Transaction ID : SA17.73725**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
55.00

**C.** Full Name (Last, First, Middle Initial)  
**CAPT. CARRADEAN L. BROWN USN (RET.)**

Mailing Address 75 PINE GROVE LANE

City State Zip Code  
GEORGETOWN SC 29440-6830

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 ▼  
260.00

**Transaction ID : SA17.75412**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
80.00

**Subtotal Of Receipts This Page** (optional).....▶ 235.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)			PAGE 80 / 862		
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CRAIG D. BROWN**

Mailing Address **1240 GORDON RIVER TRAIL**

City **NAPLES** State **FL** Zip Code **34105-2773**

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

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS** Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

**Transaction ID : SA17.74247**

Date of Receipt  
**08 / 26 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS G. BROWN**

Mailing Address **1402 STONE GATE DRIVE**

City **SHELBY** State **NC** Zip Code **28150-6206**

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

Name of Employer  
**TRIPLE D. PUBLISHING** Occupation  
**EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **5400.00**

**Transaction ID : SA17.68745**

Date of Receipt  
**06 / 25 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS G. BROWN**

Mailing Address **1402 STONE GATE DRIVE**

City **SHELBY** State **NC** Zip Code **28150-6206**

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

Name of Employer  
**TRIPLE D. PUBLISHING** Occupation  
**EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **5400.00**

**Transaction ID : SA17.68745B**

Date of Receipt  
**08 / 24 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional).....** **1000.00**

**Total This Period (last page this line number only).....**



**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 / 862

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016****A. Full Name (Last, First, Middle Initial)****MR. DOUGLAS G. BROWN**

Mailing Address 1402 STONE GATE DRIVE

City	State	Zip Code
SHELBY	NC	28150-6206

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
TRIPLE D. PUBLISHINGOccupation  
EXECUTIVE

Receipt For: 2016

 Primary
  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.74283**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**[MEMO ITEM]**

REDESIGNATION FROM PRIMARY

**B. Full Name (Last, First, Middle Initial)****MR. MICHAEL BROWN**

Mailing Address 5355 STONE BARN ROAD

City	State	Zip Code
CINCINNATI	OH	45243-3748

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CINCINNATI BENGALS, INC.Occupation  
EXECUTIVE

Receipt For: 2016

 Primary
  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.73681**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)****MR. THOMAS E. BROWN JR.**

Mailing Address 77 COWDRAY PARK DR.

City	State	Zip Code
COLUMBIA	SC	29223-8125

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
LUTHERAN HOMES OF SCOccupation  
HEALTH CARE ADMINISTRATOR

Receipt For: 2016

 Primary
  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.73652**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**Subtotal Of Receipts This Page** (optional).....

2800.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS E. BROWN JR.**

Mailing Address **77 COWDRAY PARK DR.**

City State Zip Code  
**COLUMBIA SC 29223-8125**

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

Name of Employer Occupation  
**LUTHERAN HOMES OF SC HEALTH CARE ADMINISTRATOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**400.00**

**Transaction ID : SA17.74790**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH E. BRUNSON III**

Mailing Address **14 OLD HOTEL COURT**

City State Zip Code  
**TAYLORS SC 29687-5232**

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 ▼  
**300.00**

**Transaction ID : SA17.69984**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. GREGORY BRYANT**

Mailing Address **9547 EDGERTON DR. UNIT 505**

City State Zip Code  
**MYRTLE BEACH SC 29572-5398**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.75530**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional).....▶ **1200.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MARGARET BUDDÉ**

Mailing Address 185 LU FOSTER LANE

City State Zip Code  
MERRIMAC WI 53561-9502

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 ▼  
300.00

**Transaction ID : SA17.74891**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**W. DEXTER BUNCH**

Mailing Address PO BPX 62709

City State Zip Code  
CHARLESTON SC 29419-2709

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.75514**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DEAN L. BUNTROCK**

Mailing Address ONE TOWER LANE SUITE 2242  
OAKBROOK TERRACE TOWER

City State Zip Code  
OAKBROOK TERRACE IL 60181-4636

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 ▼  
5400.00

**Transaction ID : SA17.69781**

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

**CONTRIBUTION**

Amount of Each Receipt this Period  
5400.00

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional).....▶ 1050.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DEAN L. BUNTROCK**

Mailing Address **ONE TOWER LANE SUITE 2242  
OAKBROOK TERRACE TOWER**

City **OAKBROOK TERRACE** State **IL** Zip Code **60181-4636**

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 ▼  
**5400.00**

**Transaction ID : SA17.69781B**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 08 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DEAN L. BUNTROCK**

Mailing Address **ONE TOWER LANE SUITE 2242  
OAKBROOK TERRACE TOWER**

City **OAKBROOK TERRACE** State **IL** Zip Code **60181-4636**

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 ▼  
**5400.00**

**Transaction ID : SA17.73124**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 08 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ROSEMARIE BUNTROCK**

Mailing Address **ONE TOWER LANE SUITE 2342  
OAKBROOK TERRACE TOWER**

City **OAKBROOK TERRACE** State **IL** Zip Code **60181-4671**

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 ▼  
**5400.00**

**Transaction ID : SA17.69782**

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

CONTRIBUTION

Amount of Each Receipt this Period  
**5400.00**

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ROSEMARIE BUNTROCK**

Mailing Address **ONE TOWER LANE SUITE 2342  
OAKBROOK TERRACE TOWER**

City **OAKBROOK TERRACE** State **IL** Zip Code **60181-4671**

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 ▼  
**5400.00**

**Transaction ID : SA17.69782B**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 08 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ROSEMARIE BUNTROCK**

Mailing Address **ONE TOWER LANE SUITE 2342  
OAKBROOK TERRACE TOWER**

City **OAKBROOK TERRACE** State **IL** Zip Code **60181-4671**

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 ▼  
**5400.00**

**Transaction ID : SA17.73122**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 08 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SARENA D. BURCH**

Mailing Address **225 MARABOU CIRCLE**

City **WEST COLUMBIA** State **SC** Zip Code **29169-4706**

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

Name of Employer **SCANA CORP.** Occupation **SR. VP FUEL PROCUREMENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.73853**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 17 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional)..... **500.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MARY BETH BUSSELL**

Mailing Address **205 MILL POINT COURT**

City **CHAPIN** State **SC** Zip Code **29036-7647**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

**Transaction ID : SA17.73867**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

1000.00
---------

**B.** Full Name (Last, First, Middle Initial)  
**MR. W. LEE BUSSELL**

Mailing Address **205 MILLPOINT CT.**

City **CHAPIN** State **SC** Zip Code **29036-7647**

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

Name of Employer **CHERNOFF NEWMAN** Occupation **CEO AD/PR FIRM**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

**Transaction ID : SA17.69891**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

1000.00
---------

**C.** Full Name (Last, First, Middle Initial)  
**MR. W. LEE BUSSELL**

Mailing Address **205 MILLPOINT CT.**

City **CHAPIN** State **SC** Zip Code **29036-7647**

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

Name of Employer **CHERNOFF NEWMAN** Occupation **CEO AD/PR FIRM**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

**Transaction ID : SA17.69891B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

-300.00
---------

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 

2000.00
---------

**Total This Period** (last page this line number only).....▶ 

--

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 87 / 862

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. W. LEE BUSSELL**

Mailing Address 205 MILLPOINT CT.

City	State	Zip Code
CHAPIN	SC	29036-7647

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CHERNOFF NEWMAN	CEO AD/PR FIRM

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74692**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES P. BUTLER JR.**

Mailing Address 100 GREYSTONE COURT

City	State	Zip Code
SENECA	SC	29672-7001

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69930**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN A. BYRNE**

Mailing Address 147 WATER LINKS DR.

City	State	Zip Code
CHAPIN	SC	29036-7787

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SCANA CORP.	UTILITY VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73857**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 862

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MARK T. BYRON**

Mailing Address **5973 NATURE TRAIL**

City **LIBERTY TWP** State **OH** Zip Code **45011-1322**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

**Transaction ID : SA17.74237**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

300.00								
--------	--	--	--	--	--	--	--	--

**B.** Full Name (Last, First, Middle Initial)  
**MR. RALPH A. CACCI**

Mailing Address **3107 N. OAKLAND STREET**

City **ARLINGTON** State **VA** Zip Code **22207-5370**

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

Name of Employer **V1 ANALYTICAL** Occupation **TECHNICAL SERVICES**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

**Transaction ID : SA17.72975**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

250.00								
--------	--	--	--	--	--	--	--	--

**C.** Full Name (Last, First, Middle Initial)  
**MR. W. STEWART CAHN**

Mailing Address **80 CENTRAL PARK W. APT 2D**

City **NEW YORK** State **NY** Zip Code **10023-5247**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

**Transaction ID : SA17.74721**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

250.00								
--------	--	--	--	--	--	--	--	--

**Subtotal Of Receipts This Page** (optional)..... **800.00**

**Total This Period** (last page this line number only).....



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**KAREN CAIL**

Mailing Address 116 ROUTE 117

City	State	Zip Code
SUGAR HILL	NH	03586-4506

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

Name of Employer	Occupation
SUGAR HILL INN	OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
625.00

**Transaction ID : SA17.74771**

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**KAREN CAIL**

Mailing Address 116 ROUTE 117

City	State	Zip Code
SUGAR HILL	NH	03586-4506

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

Name of Employer	Occupation
SUGAR HILL INN	OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
625.00

**Transaction ID : SA17.75457**

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**KAREN CAIL**

Mailing Address 116 ROUTE 117

City	State	Zip Code
SUGAR HILL	NH	03586-4506

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

Name of Employer	Occupation
SUGAR HILL INN	OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
625.00

**Transaction ID : SA17.75472**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 625.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**SCOTT CAIN**

Mailing Address 21854 US HWY 76

City	State	Zip Code
NEWBERRY	SC	29108-9010

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 ▼  
 \_\_\_\_\_ 1200.00

**Transaction ID : SA17.75418**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD CALDWELL**

Mailing Address P.O. BOX 729

City	State	Zip Code
SPRINGFIELD	TN	37172-0729

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

Name of Employer	Occupation
CROWN MACHINERY	PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.74322**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID R. CAMPBELL**

Mailing Address 1425 MEDWAY RD

City	State	Zip Code
COLUMBIA	SC	29205-1431

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

Name of Employer	Occupation
CHERNOFF NEWMAN	PRESIDENT & COO/ADVERTISING

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.73821**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 1600.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JONATHAN CAPLAN**

Mailing Address 1177 AVENUE OF THE AMERICAS

City	State	Zip Code
NEW YORK	NY	10036-2714

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

Name of Employer: **KRAMER LEVIN**  
Occupation: **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.73125**

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**B.** Full Name (Last, First, Middle Initial)  
**CHALMERS CARR**

Mailing Address 722 OLD PLANK RD

City	State	Zip Code
RIDGE SPRING	SC	29129-9550

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

Name of Employer: **SELF EMPLOYED**  
Occupation: **FARMER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : SA17.75029**

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
**LORI ANNE CARR**

Mailing Address 722 OLD PLANK RD.

City	State	Zip Code
RIDGE SPRING	SC	29129-9550

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

Name of Employer: **TITAN PEACH FARMS, INC.**  
Occupation: **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : SA17.75028**

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

**Subtotal Of Receipts This Page** (optional).....▶ 6700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 92 / 862

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A. Full Name (Last, First, Middle Initial)  
MRS. BETTY H. CARRIGAN**

Mailing Address 320 RANGE ROAD

City State Zip Code  
KINGS MOUNTAIN NC 28086-8573

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

Name of Employer Occupation  
CHEROKEE AUTO AUCTION, INC. PRESIDENT AND OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2500.00

**Transaction ID : SA17.74385**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
1500.00

**B. Full Name (Last, First, Middle Initial)  
LONNIE N. CARTER**

Mailing Address 1546 STERLING OAK DR.

City State Zip Code  
MONCK'S CORNER SC 29461-2929

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

Name of Employer Occupation  
SANTEE COOPER PRESIDENT/CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.75522**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
1000.00

**C. Full Name (Last, First, Middle Initial)  
MR. WILLIAM TOBIN CASSELS III**

Mailing Address P.O. BOX 1691

City State Zip Code  
COLUMBIA SC 29202-1691

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

Name of Employer Occupation  
SOUTHEASTERN FREIGHT LINES PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
8100.00

**Transaction ID : SA17.75502**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
5400.00

VERIF/ REATT REDES LETTER SENT

**Subtotal Of Receipts This Page (optional)**.....▶ 7900.00

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM TOBIN CASSELS JR.**

Mailing Address P.O. BOX 1691

City State Zip Code  
COLUMBIA SC 29202-1691

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

Name of Employer Occupation  
SOUTHEASTERN FREIGHT LINES CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
8100.00

**Transaction ID : SA17.75518**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT A. CASTELLANI**

Mailing Address 481 GARLINGTON RD  
STE A

City State Zip Code  
GREENVILLE SC 29615-4619

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

Name of Employer Occupation  
CIRCLE CREEK HOLDINGS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
4500.00

**Transaction ID : SA17.74402**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2000.00

SEE REATTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LISA CASTELLANI**

Mailing Address 101 REGENTS GATE CT

City State Zip Code  
SIMPSONVILLE SC 29681-3611

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

Name of Employer Occupation  
SELF-EMPLOYED DOCTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.74687**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page** (optional).....▶ 7400.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 94 / 862

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT A. CASTELLANI**

Mailing Address 481 GARLINGTON RD  
STE A

City	State	Zip Code
GREENVILLE	SC	29615-4619

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CIRCLE CREEK HOLDINGS	OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74402B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT A. CASTELLANI**

Mailing Address 481 GARLINGTON RD  
STE A

City	State	Zip Code
GREENVILLE	SC	29615-4619

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CIRCLE CREEK HOLDINGS	OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74688B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT A. CASTELLANI**

Mailing Address 481 GARLINGTON RD  
STE A

City	State	Zip Code
GREENVILLE	SC	29615-4619

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CIRCLE CREEK HOLDINGS	OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74711**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES CASTLE**

Mailing Address 9017 CRUSADERS CT

City	State	Zip Code
MATTHEWS	NC	28105-3063

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
STATE OF SOUTH CAROLINA	SPEC WRITER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74664**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

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

Mailing Address 9017 CRUSADERS CT

City	State	Zip Code
MATTHEWS	NC	28105-3063

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
STATE OF SOUTH CAROLINA	SPEC WRITER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75190**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

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

Mailing Address 9017 CRUSADERS CT

City	State	Zip Code
MATTHEWS	NC	28105-3063

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
STATE OF SOUTH CAROLINA	SPEC WRITER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75435**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES CASTLE**

Mailing Address 9017 CRUSADERS CT

City State Zip Code  
MATTHEWS NC 28105-3063

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

Name of Employer Occupation  
STATE OF SOUTH CAROLINA SPEC WRITER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
275.00

**Transaction ID : SA17.75468**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. BARBARA CATENACI**

Mailing Address 5 BUTTON BUSH LN

City State Zip Code  
HILTON HEAD ISLAND SC 29926-1009

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 ▼  
225.00

**Transaction ID : SA17.75244**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. MACFARLANE L. CATES JR.**

Mailing Address P.O. BOX 5628

City State Zip Code  
SPARTANBURG SC 29304-5628

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

Name of Employer Occupation  
ARKWRIGHT MILLS TEXTILE EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : SA17.73065**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
750.00

**Subtotal Of Receipts This Page** (optional).....▶ 885.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 97 / 862

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MACFARLANE L. CATES JR.**

Mailing Address P.O. BOX 5628

City State Zip Code  
SPARTANBURG SC 29304-5628

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ARKWRIGHT MILLS TEXTILE EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74216**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**SAFRA A. CATZ**

Mailing Address 500 ORACLE PARKWAY

City State Zip Code  
REDWOOD CITY CA 94065-1677

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ORACLE EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75224**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE CAUTHEN**

Mailing Address P.O. BOX 11070

City State Zip Code  
COLUMBIA SC 29211-1070

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NELSON MULLINS LAWYER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69888**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**CAPT. SAMUEL CEREZO**

Mailing Address 1490 SHIVER POND RD

City	State	Zip Code
CAMDEN	SC	29020-7789

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 ▼  
 \_\_\_\_\_ 450.00

**Transaction ID : SA17.73463**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 300.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARION C. CHANDLER JR.**

Mailing Address 931 MUNSEN SPRING DRIVE

City	State	Zip Code
COLUMBIA	SC	29209-1424

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 ▼  
 \_\_\_\_\_ 310.00

**Transaction ID : SA17.73632**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARION C. CHANDLER JR.**

Mailing Address 931 MUNSEN SPRING DRIVE

City	State	Zip Code
COLUMBIA	SC	29209-1424

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 ▼  
 \_\_\_\_\_ 310.00

**Transaction ID : SA17.74115**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 375.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 99 / 862

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)

**MR. MARION C. CHANDLER JR.**

Mailing Address 931 MUNSEN SPRING DRIVE

City	State	Zip Code
COLUMBIA	SC	29209-1424

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74748**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
------------------------------------

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

**MR. R. JONATHAN CHARLESTON**

Mailing Address 132 GREAT OAKS

City	State	Zip Code
FAYETTEVILLE	NC	28303-4978

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
THE CHARLESTON GROUP	ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74219**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

<input type="text" value="1300.00"/>
--------------------------------------

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

**EUGENE CHURCH**

Mailing Address 3417 WEST DRIVE

City	State	Zip Code
CLYDE	MI	48049-4547

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74519**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
------------------------------------

**Subtotal Of Receipts This Page** (optional).....

<input type="text" value="1400.00"/>
--------------------------------------

**Total This Period** (last page this line number only).....

<input type="text"/>
----------------------

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**EUGENE CHURCH**

Mailing Address **3417 WEST DRIVE**

City **CLYDE** State **MI** Zip Code **48049-4547**

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 ▼  
**300.00**

**Transaction ID : SA17.74893**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**EUGENE CHURCH**

Mailing Address **3417 WEST DRIVE**

City **CLYDE** State **MI** Zip Code **48049-4547**

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 ▼  
**300.00**

**Transaction ID : SA17.75151**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CHRISTINE K. CIMKO**

Mailing Address **5848 NEW ENGLAND WOODS DRIVE**

City **BURKE** State **VA** Zip Code **22015-2909**

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

Name of Employer **CIMKO STRATEGIES** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.69998**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional)..... **650.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES E. CLAIR**

Mailing Address 300 E. 33RD STREET, APT. 2P

City	State	Zip Code
NEW YORK	NY	10016-9404

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

**Transaction ID : SA17.73488**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**B.** Full Name (Last, First, Middle Initial)  
**BROCK CLARY**

Mailing Address 606 SUMMERFIELD CT

City	State	Zip Code
CHARLESTON	SC	29414-9082

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

Name of Employer	Occupation
DURHAM SCHOOL SERVICES	ROUTE PLANNER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 290.00

**Transaction ID : SA17.73422**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**C.** Full Name (Last, First, Middle Initial)  
**BROCK CLARY**

Mailing Address 606 SUMMERFIELD CT

City	State	Zip Code
CHARLESTON	SC	29414-9082

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

Name of Employer	Occupation
DURHAM SCHOOL SERVICES	ROUTE PLANNER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 290.00

**Transaction ID : SA17.74324**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 40.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 540.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JACK CLEMENS**

Mailing Address 101 MAGNOLIA LN.

City State Zip Code  
PENDLETON SC 29670-1975

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 ▼  
260.00

**Transaction ID : SA17.74094**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
**JACK CLEMENS**

Mailing Address 101 MAGNOLIA LN.

City State Zip Code  
PENDLETON SC 29670-1975

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 ▼  
260.00

**Transaction ID : SA17.74105**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
**JACK CLEMENS**

Mailing Address 101 MAGNOLIA LN.

City State Zip Code  
PENDLETON SC 29670-1975

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 ▼  
260.00

**Transaction ID : SA17.74106**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
10.00

**Subtotal Of Receipts This Page** (optional).....▶ 30.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JACK CLEMENS**

Mailing Address 101 MAGNOLIA LN.

City	State	Zip Code
PENDLETON	SC	29670-1975

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 ▼  
 \_\_\_\_\_ 260.00

**Transaction ID : SA17.75108**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

_____	25.00
-------	-------

**B.** Full Name (Last, First, Middle Initial)  
**JACK CLEMENS**

Mailing Address 101 MAGNOLIA LN.

City	State	Zip Code
PENDLETON	SC	29670-1975

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 ▼  
 \_\_\_\_\_ 260.00

**Transaction ID : SA17.75347**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

_____	10.00
-------	-------

**C.** Full Name (Last, First, Middle Initial)  
**JACK CLEMENS**

Mailing Address 101 MAGNOLIA LN.

City	State	Zip Code
PENDLETON	SC	29670-1975

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 ▼  
 \_\_\_\_\_ 260.00

**Transaction ID : SA17.75348**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

_____	10.00
-------	-------

**Subtotal Of Receipts This Page** (optional).....▶ 

_____	45.00
-------	-------

**Total This Period** (last page this line number only).....▶ 

_____	
-------	--

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **38 HASELL ST**

City State Zip Code  
**CHARLESTON SC 29401-1693**

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

Name of Employer Occupation  
**CLEMENT CRAWFORD AND THORNHILL INC REAL ESTATE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.75277**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 27 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JOAN E. CLIFFORD**

Mailing Address **840 N. LAKE SHORE DRIVE #2501**

City State Zip Code  
**CHICAGO IL 60611-2489**

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

Name of Employer Occupation  
**SELF-EMPLOYED TRAVEL AGENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.73688**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 05 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM A. COATES**

Mailing Address **214 CLEVELAND STREET**

City State Zip Code  
**GREENVILLE SC 29601-4341**

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

Name of Employer Occupation  
**ROE CASSIDY COATES & PRICE PA ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2000.00**

**Transaction ID : SA17.73847**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 17 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional)..... **6400.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**GARRY COATS**

Mailing Address 1311 HINNANTS STORE RD

City State Zip Code  
WINNSBORO SC 29180-9494

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

Name of Employer Occupation  
INFOSYS LTD SYSTEMS ANALYST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
275.00

**Transaction ID : SA17.74327**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD COFFELT**

Mailing Address 405 MCCORMICK AVE

City State Zip Code  
RHODES IA 50234-9763

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

Name of Employer Occupation  
SITA INC, USA IT DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.73221**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD COFFELT**

Mailing Address 405 MCCORMICK AVE

City State Zip Code  
RHODES IA 50234-9763

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

Name of Employer Occupation  
SITA INC, USA IT DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.74559**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
100.00

Subtotal Of Receipts This Page (optional).....▶ 275.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DONALD C. COGGINS JR.**

Mailing Address 141 HERITAGE HILLS DR.

City	State	Zip Code
SPARTANBURG	SC	29307-3445

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74408**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JOYCE C. COGGINS**

Mailing Address 141 HERITAGE HILLS DR.

City	State	Zip Code
SPARTANBURG	SC	29307-3445

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
USC-SPARTANBURG	INSTRUCTOR

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74411**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**ALEXANDER Z. COHEN**

Mailing Address 175 OVERLOOK CIRCLE

City	State	Zip Code
NEW ROCHELLE	NY	10804-4518

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SOROS FUND	RESEARCH

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73522**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES COLE**

Mailing Address 340 DEMOTT AVE.

City State Zip Code  
TEANECK NJ 07666-3128

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 ▼  
225.00

**Transaction ID : SA17.74124**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
50.00

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

Mailing Address 340 DEMOTT AVE.

City State Zip Code  
TEANECK NJ 07666-3128

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 ▼  
225.00

**Transaction ID : SA17.74894**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
50.00

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

Mailing Address 100 WICKLOW DRIVE

City State Zip Code  
BLUFFTON SC 29910-7328

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

Name of Employer Occupation  
GROUP I AUTO CAR DEALER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.74245**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
250.00

Subtotal Of Receipts This Page (optional).....▶ 350.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**NORM COLEMAN**

Mailing Address 909 OSCEOLA AVE

City	State	Zip Code
SAINT PAUL	MN	55105-3209

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOGAN LOVELLS, US LLP	ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73606**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM COLLET**

Mailing Address 7233 WINDSOR LANE

City	State	Zip Code
HYATTSVILLE	MD	20782-1046

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
COLLET & ASSOCIATES.COM	CONSULTANT

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73916**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. HARVEY L. COLVIN**

Mailing Address 4609 PARROT COURT

City	State	Zip Code
SAINT LOUIS	MO	63128-3946

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73772**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

PAGE 109 / 862

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)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MS. ELIZABETH J. COMSTOCK**

Mailing Address **83 KELLOGG HILL RD.**

City **WESTON** State **CT** Zip Code **06883-2619**

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

Name of Employer **GENERAL ELECTRIC** Occupation **CHIEF MARKETING OFFICER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

**Transaction ID : SA17.74720**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. KEVIN J. CONWAY**

Mailing Address **1426 CLINTON PL.**

City **RIVER FOREST** State **IL** Zip Code **60305-1206**

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

Name of Employer **COONEY AND CONWAY** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

**Transaction ID : SA17.73687**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN D. COONEY**

Mailing Address **2238 NORTH FREMONT**

City **CHICAGO** State **IL** Zip Code **60614-3614**

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

Name of Employer **COONEY AND CONWAY** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

**Transaction ID : SA17.73693**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional).....▶ **3000.00**

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LLOYD W. COPPEDGE**

Mailing Address **315 OCEAN VIEW DRIVE**

City **MYRTLE BEACH** State **SC** Zip Code **29572-5648**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) **5400.00**

**Transaction ID : SA17.75433**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**B.** Full Name (Last, First, Middle Initial)  
**KEN COUCH**

Mailing Address **P.O. BOX 800**

City **WHITE STONE** State **SC** Zip Code **29386-0800**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) **1150.00**

**Transaction ID : SA17.73416**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 08 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **135 JOHN KESSON LN**

City **MIDDLETOWN** State **RI** Zip Code **02842-4660**

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

Name of Employer **U.S. NAVY** Occupation **LAWYER**

Receipt For: 2016  
 Primary  General  
 Other (specify) **210.00**

**Transaction ID : SA17.74034**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 01 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**25.00**

**Subtotal Of Receipts This Page** (optional)..... **2775.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES CRISFIELD**

Mailing Address 135 JOHN KESSON LN

City	State	Zip Code
MIDDLETOWN	RI	02842-4660

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
U.S. NAVY	LAWYER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74379**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	19	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period

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

Mailing Address 135 JOHN KESSON LN

City	State	Zip Code
MIDDLETOWN	RI	02842-4660

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
U.S. NAVY	LAWYER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75477**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	22	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. WADE C. CROW**

Mailing Address 606 RUTLEDGE STREET

City	State	Zip Code
SPARTANBURG	SC	29302-2019

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73871**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	17	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)

**MRS. SHERRY G. CROWDER**

Mailing Address 1208 NEW CREST LANE

City	State	Zip Code
SHELBY	NC	28150-9781

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.74829**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

**MS. NANCY R. CROWLEY**

Mailing Address 4 CATESWOOD DR.

City	State	Zip Code
SPARTANBURG	SC	29302-3462

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : SA17.74393**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

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

**ANATOLIO B. CRUZ III**

Mailing Address 8701 FENWAY DRIVE

City	State	Zip Code
BETHESDA	MD	20817-2711

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

Name of Employer	Occupation
EMERGENT BIOSOLUTIONS	ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.70013**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 2500.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH CUDNIK**

Mailing Address **2295 TROPHY COURT**

City **METAMORA** State **MI** Zip Code **48455-9292**

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 ▼  
**235.00**

**Transaction ID : SA17.74096**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address **2295 TROPHY COURT**

City **METAMORA** State **MI** Zip Code **48455-9292**

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 ▼  
**235.00**

**Transaction ID : SA17.74508**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**JOSEPH CUDNIK**

Mailing Address **2295 TROPHY COURT**

City **METAMORA** State **MI** Zip Code **48455-9292**

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 ▼  
**235.00**

**Transaction ID : SA17.74897**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**Subtotal Of Receipts This Page** (optional)..... **60.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH CUDNIK**

Mailing Address **2295 TROPHY COURT**

City **METAMORA** State **MI** Zip Code **48455-9292**

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 ▼  
**235.00**

**Transaction ID : SA17.75106**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address **2295 TROPHY COURT**

City **METAMORA** State **MI** Zip Code **48455-9292**

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 ▼  
**235.00**

**Transaction ID : SA17.75381**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**JOSEPH CUDNIK**

Mailing Address **2295 TROPHY COURT**

City **METAMORA** State **MI** Zip Code **48455-9292**

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 ▼  
**235.00**

**Transaction ID : SA17.75382**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**Subtotal Of Receipts This Page** (optional)..... **75.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ALFONSE M. D'AMATO**

Mailing Address **101 PARK AVENUE  
SUITE 2506**

City **NEW YORK** State **NY** Zip Code **10178-2506**

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

Name of Employer **PARK STRATEGIES** Occupation **MANAGING DIRECTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.73515**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**5400.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ALFONSE M. D'AMATO**

Mailing Address **101 PARK AVENUE  
SUITE 2506**

City **NEW YORK** State **NY** Zip Code **10178-2506**

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

Name of Employer **PARK STRATEGIES** Occupation **MANAGING DIRECTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.73515B**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MR. ALFONSE M. D'AMATO**

Mailing Address **101 PARK AVENUE  
SUITE 2506**

City **NEW YORK** State **NY** Zip Code **10178-2506**

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

Name of Employer **PARK STRATEGIES** Occupation **MANAGING DIRECTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.73525**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page (optional)**..... **5400.00**

**Total This Period (last page this line number only)**.....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

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

Mailing Address 1000 2ND AVENUE SOUTH STE 120

City State Zip Code  
NORTH MYRTLE BEACH SC 29582-8105

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

Name of Employer Occupation  
PATRICIA RESORTS HOTEL MANAGEMENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74409**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARK E. DANIELS**

Mailing Address 118 HOLBROOK TRL.

City State Zip Code  
GREENVILLE SC 29605-3163

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

Name of Employer Occupation  
TITAN CHEMICAL SYSTEMS CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.73685**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SARAH D. DANIELS**

Mailing Address 118 HOLBROOK TRL.

City State Zip Code  
GREENVILLE SC 29605-3163

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.73668**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 5900.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SUZANNE H. DANTIN**

Mailing Address **66 LAKE FOREST DR.**

City **SPARTANBURG** State **SC** Zip Code **29302-3405**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.74407**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES DARBY**

Mailing Address **2 NORTH ADGERS WHARF**

City **CHARLESTON** State **SC** Zip Code **29401-2519**

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.74166**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES P. DARBY III**

Mailing Address **2 N. ADGERS WHARF**

City **CHARLESTON** State **SC** Zip Code **29401-2519**

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

Name of Employer **KIAWAH PARTNERS** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.75246**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 3000.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**TIMIR DATTA**

Mailing Address 5920 LAKESHORE

City State Zip Code  
COLUMBIA SC 29206-4328

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

Name of Employer Occupation  
SELF-EMPLOYED PRF

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.73256**

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. DEE DEE DAVIES**

Mailing Address 3049 N. WISCONSIN ST.

City State Zip Code  
RACINE WI 53402-4072

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.73635**

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. DEE DEE DAVIES**

Mailing Address 3049 N. WISCONSIN ST.

City State Zip Code  
RACINE WI 53402-4072

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.75227**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
200.00

**Subtotal Of Receipts This Page** (optional).....▶ 500.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CLARENCE DAVIS**

Mailing Address **520 OAKBROOK DRIVE**

City **COLUMBIA** State **SC** Zip Code **29223-8138**

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

Name of Employer **NELSON MULLINS** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.69894**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **P.O. BOX 339**

City **AWENDAW** State **SC** Zip Code **29429-0339**

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

Name of Employer **DAVIS AIR, INC.** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3700.00**

**Transaction ID : SA17.75262**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. MITCHELL B. DAVIS**

Mailing Address **7 KERN DRIVE**

City **FLANDERS** State **NJ** Zip Code **07836-9726**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.73499**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional).....▶ **2250.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS A. DAVIS**

Mailing Address **1455 PENNSYLVANIA AVE. NW  
SUITE 1200**

City **WASHINGTON** State **DC** Zip Code **20004-1008**

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

Name of Employer **DAVIS & HARMAN LLP** Occupation **ATTORNEY AT LAW**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date **500.00**

**Transaction ID : SA17.73512**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 29 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. SAM DAWSON**

Mailing Address **2354 NORTH LINCOLN STREET**

City **ARLINGTON** State **VA** Zip Code **22207-3862**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date **2000.00**

**Transaction ID : SA17.72980**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 16 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. SAM DAWSON**

Mailing Address **2354 NORTH LINCOLN STREET**

City **ARLINGTON** State **VA** Zip Code **22207-3862**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date **2000.00**

**Transaction ID : SA17.75545**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional)..... **2500.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A. Full Name (Last, First, Middle Initial)**

**MS. MARY CHANDLER DE MONTEREY**

Mailing Address 219 RUTLEDGE LAKE RD

City	State	Zip Code
GREENVILLE	SC	29617-6822

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74805**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

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

**PAMELA DEAL**

Mailing Address P.O. BOX 1764

City	State	Zip Code
CLEMSON	SC	29633-1764

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DEAL & DEAL, P.A.	LAWYER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74054**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			13			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

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

**MS. AMY KAY DEAN**

Mailing Address 330 SWAMP FOX DRIVE

City	State	Zip Code
FORT MILL	SC	29715-6701

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
FORT MILL SCHOOLS	TEACHER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73696**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page (optional)**.....

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID C. DEAR**

Mailing Address 101 COLUMNS CIRCLE

City	State	Zip Code
SHELBY	NC	28150-4865

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

Name of Employer	Occupation
CLEVELAND COUNTY CHAMBER OF COMME	CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : SA17.74234**

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRACKETT B. DENNISTON III**

Mailing Address 1081 HILLSIDE RD.

City	State	Zip Code
FAIRFIELD	CT	06824-2113

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

Name of Employer	Occupation
GENERAL ELECTRIC	EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.74716**

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**HON. FREDERICK B. DENT**

Mailing Address 221 MONTGOMERY DR.

City	State	Zip Code
SPARTANBURG	SC	29302-3443

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 ▼  
400.00

**Transaction ID : SA17.73633**

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
150.00

**Subtotal Of Receipts This Page** (optional).....▶ 4850.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN L. DENTON**

Mailing Address 471 OLD ASHEVILLE HWY

City	State	Zip Code
CAMPOBELLO	SC	29322-8548

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

Name of Employer	Occupation
HARRISON, WHITE, SMITH & COGGINS	ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.74422**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

250.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**MS. JOY E. DITTO**

Mailing Address 2217 S. CULPEPER STREET

City	State	Zip Code
ARLINGTON	VA	22206-1026

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

Name of Employer	Occupation
AMERICAN PUBLIC POWER ASSOCIATION	SVP, LEGISLATIVE & POLITICAL AFFAIRS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.73819**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

CONTRIBUTION

Amount of Each Receipt this Period

250.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**GILBERT DIXON**

Mailing Address BOX 2569

City	State	Zip Code
BLOOMFIELD	NJ	07003-9369

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

Name of Employer	Occupation
SELF-EMPLOYED	CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.74954**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

250.00
--------

**Subtotal Of Receipts This Page** (optional).....▶ **750.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LORE MORAN DODGE**

Mailing Address 1659 JEFFERSON RD.

City State Zip Code  
WHITEFIELD NH 03598

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

Name of Employer Occupation  
SELF-EMPLOYED INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.73692**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LYNNE W. DONEHOO**

Mailing Address 116 COKER ROAD

City State Zip Code  
FOUNTAIN INN SC 29644-9724

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 ▼  
1680.16

**Transaction ID : SA17.71928**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LYNNE W. DONEHOO**

Mailing Address 116 COKER ROAD

City State Zip Code  
FOUNTAIN INN SC 29644-9724

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 ▼  
1680.16

**Transaction ID : SA17.73960**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
10.00

**Subtotal Of Receipts This Page** (optional).....▶ 1210.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LYNNE W. DONEHOO**

Mailing Address **116 COKER ROAD**

City **FOUNTAIN INN** State **SC** Zip Code **29644-9724**

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 ▼  
**1680.16**

**Transaction ID : SA17.73979**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 04 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LYNNE W. DONEHOO**

Mailing Address **116 COKER ROAD**

City **FOUNTAIN INN** State **SC** Zip Code **29644-9724**

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 ▼  
**1680.16**

**Transaction ID : SA17.74121**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 15 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LYNNE W. DONEHOO**

Mailing Address **116 COKER ROAD**

City **FOUNTAIN INN** State **SC** Zip Code **29644-9724**

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 ▼  
**1680.16**

**Transaction ID : SA17.74136**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 13 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**100.00**

**Subtotal Of Receipts This Page** (optional).....▶ **150.00**

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LYNNE W. DONEHOO**

Mailing Address 116 COKER ROAD

City	State	Zip Code
FOUNTAIN INN	SC	29644-9724

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 ▼  
1680.16

**Transaction ID : SA17.74493**

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2015

### CONTRIBUTION

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LYNNE W. DONEHOO**

Mailing Address 116 COKER ROAD

City	State	Zip Code
FOUNTAIN INN	SC	29644-9724

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 ▼  
1680.16

**Transaction ID : SA17.74899**

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2015

### CONTRIBUTION

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LYNNE W. DONEHOO**

Mailing Address 116 COKER ROAD

City	State	Zip Code
FOUNTAIN INN	SC	29644-9724

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 ▼  
1680.16

**Transaction ID : SA17.75105**

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2015

### CONTRIBUTION

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 100.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LYNNE W. DONEHOO**

Mailing Address 116 COKER ROAD

City State Zip Code  
FOUNTAIN INN SC 29644-9724

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 ▼  
1680.16

**Transaction ID : SA17.75372**

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
20.16

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LYNNE W. DONEHOO**

Mailing Address 116 COKER ROAD

City State Zip Code  
FOUNTAIN INN SC 29644-9724

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 ▼  
1680.16

**Transaction ID : SA17.75383**

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. NANCY P. DORN**

Mailing Address 2501 49TH STREET NW

City State Zip Code  
WASHINGTON DC 20007-1006

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

Name of Employer Occupation  
GENERAL ELECTRIC GOVERNMENT AFFAIRS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.73067**

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 545.16

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MS. NANCY P. DORN**

Mailing Address **2501 49TH STREET NW**

City State Zip Code  
**WASHINGTON DC 20007-1006**

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

Name of Employer Occupation  
**GENERAL ELECTRIC GOVERNMENT AFFAIRS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.74717**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 16 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. FRANK DOWD JR.**

Mailing Address **P.O. BOX 35430**

City State Zip Code  
**CHARLOTTE NC 28235-5430**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.73527**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 30 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. DWIGHT F. DRAKE**

Mailing Address **1 MAHALO LN**

City State Zip Code  
**COLUMBIA SC 29204-3380**

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

Name of Employer Occupation  
**NELSON, MULLINS ET AL ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**2000.00**

**Transaction ID : SA17.73667**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 04 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional)..... **2000.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS E. DREW**

Mailing Address 1630 AZTEC LANE

City	State	Zip Code
MOUNT PLEASANT	SC	29466-8863

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 ▼  
5300.00

**Transaction ID : SA17.69224**

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS E. DREW**

Mailing Address 1630 AZTEC LANE

City	State	Zip Code
MOUNT PLEASANT	SC	29466-8863

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 ▼  
5300.00

**Transaction ID : SA17.69224B**

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2600.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS E. DREW**

Mailing Address 1630 AZTEC LANE

City	State	Zip Code
MOUNT PLEASANT	SC	29466-8863

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 ▼  
5300.00

**Transaction ID : SA17.73621**

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LYNN DREW**

Mailing Address 1630 AZTEC LN.

City State Zip Code  
MOUNT PLEASANT SC 29466-8863

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

Name of Employer Occupation  
SELF-EMPLOYED BUSINESS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.75025**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. KATHERINE S. DUKES**

Mailing Address 7330 KESTREL TRAIL

City State Zip Code  
HANAHAN SC 29410-8263

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

Name of Employer Occupation  
TOMORROW MONTESSORI CENTER ASSISTANT TEACHER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.69901**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARK C. DUKES**

Mailing Address 1320 MAIN ST. # 1700

City State Zip Code  
COLUMBIA SC 29201-3268

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

Name of Employer Occupation  
NELSON, MULLINS ET AL. ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.72976**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 4700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ALLISON DUNHAM**

Mailing Address 254 WOOD RIVER WAY

City State Zip Code  
TAYLORS SC 29687-5448

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

Name of Employer Occupation  
HARRISON ,WHITE, SMITH, ET AL. ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.73840**

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
1000.00

SEE REATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ALLISON DUNHAM**

Mailing Address 254 WOOD RIVER WAY

City State Zip Code  
TAYLORS SC 29687-5448

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

Name of Employer Occupation  
HARRISON ,WHITE, SMITH, ET AL. ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.73840B**

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
-900.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

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

Mailing Address 254 WOOD RIVER WAY

City State Zip Code  
TAYLORS SC 29687-5448

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
900.00

**Transaction ID : SA17.74199**

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
900.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page** (optional).....▶ 1000.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES DUNLAP**

Mailing Address 2811 MONTCASTLE CT.

City State Zip Code  
DURHAM NC 27705-5766

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

Name of Employer Occupation  
DUKE LAW SCHOOL PROFESSOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.69954**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES DUNLAP**

Mailing Address 2811 MONTCASTLE CT.

City State Zip Code  
DURHAM NC 27705-5766

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

Name of Employer Occupation  
DUKE LAW SCHOOL PROFESSOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74806**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**SANDRA DUNTON**

Mailing Address 325 IRON HORSE ROAD

City State Zip Code  
ROCKY MOUNT NC 27804-2120

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 ▼  
535.00

**Transaction ID : SA17.73391**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 600.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**SANDRA DUNTON**

Mailing Address 325 IRON HORSE ROAD

City	State	Zip Code
ROCKY MOUNT	NC	27804-2120

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 ▼  
 535.00

**Transaction ID : SA17.74348**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	19	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 10.00

**B.** Full Name (Last, First, Middle Initial)  
**SANDRA DUNTON**

Mailing Address 325 IRON HORSE ROAD

City	State	Zip Code
ROCKY MOUNT	NC	27804-2120

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 ▼  
 535.00

**Transaction ID : SA17.74900**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	29	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 25.00

**C.** Full Name (Last, First, Middle Initial)  
**SANDRA DUNTON**

Mailing Address 325 IRON HORSE ROAD

City	State	Zip Code
ROCKY MOUNT	NC	27804-2120

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 ▼  
 535.00

**Transaction ID : SA17.74901**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	30	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 25.00

**Subtotal Of Receipts This Page (optional)**.....  60.00

**Total This Period (last page this line number only)**.....

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**SANDRA DUNTON**

Mailing Address **325 IRON HORSE ROAD**

City **ROCKY MOUNT** State **NC** Zip Code **27804-2120**

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 ▼  
**535.00**

**Transaction ID : SA17.75385**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH A. EDENS JR.**

Mailing Address **1221 MAIN STREET, STE. 1000**

City **COLUMBIA** State **SC** Zip Code **29201-3255**

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

Name of Employer **EDENS** Occupation **CHAIRMAN EMERITUS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.69890**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**3500.00**

**SEE REATTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**CAROLYN G. EDENS**

Mailing Address **1327 GREENHILL RD.**

City **COLUMBIA** State **SC** Zip Code **29206-2809**

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 ▼  
**1700.00**

**Transaction ID : SA17.73113**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**700.00**

**[MEMO ITEM]**  
**REATTRIBUTION FROM SPOUSE**

**Subtotal Of Receipts This Page** (optional).....▶ **3525.00**

**Total This Period** (last page this line number only).....▶



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

A. Full Name (Last, First, Middle Initial)  
**MR. JOSEPH A. EDENS JR.**

Mailing Address 1221 MAIN STREET, STE. 1000

City	State	Zip Code
COLUMBIA	SC	29201-3255

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

Name of Employer	Occupation
EDENS	CHAIRMAN EMERITUS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Transaction ID : SA17.69890B

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

### CONTRIBUTION

Amount of Each Receipt this Period  
-700.00

[MEMO ITEM]  
REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)  
**MR. JOSEPH A. EDENS JR.**

Mailing Address 1221 MAIN STREET, STE. 1000

City	State	Zip Code
COLUMBIA	SC	29201-3255

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

Name of Employer	Occupation
EDENS	CHAIRMAN EMERITUS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Transaction ID : SA17.73114B

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

### CONTRIBUTION

Amount of Each Receipt this Period  
-2700.00

[MEMO ITEM]  
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)  
**MR. JOSEPH A. EDENS JR.**

Mailing Address 1221 MAIN STREET, STE. 1000

City	State	Zip Code
COLUMBIA	SC	29201-3255

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

Name of Employer	Occupation
EDENS	CHAIRMAN EMERITUS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Transaction ID : SA17.73116

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

### CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

[MEMO ITEM]  
REDESIGNATION FROM PRIMARY

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

16    17a    17b    17c    17d    18  
 19a    19b    20a    20b    20c    21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

A. Full Name (Last, First, Middle Initial)  
**MR. MICHAEL E. EDENS**

Mailing Address **54 FOOT POINT RD**

City    State    Zip Code  
**COLUMBIA    SC    29209-0847**

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

Name of Employer    Occupation  
**NBSC    SENIOR VICE PRESIDENT**

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼    Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.69887**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 07 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**3500.00**

SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**CINDY EDENS**

Mailing Address **54 FOOT POINT RD**

City    State    Zip Code  
**COLUMBIA    SC    29209-0847**

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

Name of Employer    Occupation  
**SIGERD CENTER    PHYSICAL THERAPIST**

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼    Election Cycle-to-Date ▼  
**800.00**

**Transaction ID : SA17.73080**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 14 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**800.00**

**[MEMO ITEM]  
REATTRIBUTION FROM SPOUSE**

C. Full Name (Last, First, Middle Initial)  
**MR. MICHAEL E. EDENS**

Mailing Address **54 FOOT POINT RD**

City    State    Zip Code  
**COLUMBIA    SC    29209-0847**

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

Name of Employer    Occupation  
**NBSC    SENIOR VICE PRESIDENT**

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼    Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.69887B**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 14 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**-800.00**

**[MEMO ITEM]  
REATTRIBUTION TO SPOUSE**

Subtotal Of Receipts This Page (optional)..... **3500.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. GLORIA C. EDWARDS**

Mailing Address 101 OAKCLIFF TERRACE

City ANDERSON State SC Zip Code 29621-4053

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69909**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MELANIE EFUNE**

Mailing Address 7140 E. BLUEBIRD LN.

City PARADISE VALLEY State AZ Zip Code 85253-3623

FEC ID number of contributing federal political committee.

Name of Employer HILTY'S ELECTRICAL CONTRACTING Occupation ELECTRICAL CONTRACTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75536**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**STEVEN EINHORN**

Mailing Address 115 CENTRAL PARK WEST

City NEW YORK State NY Zip Code 10023-4198

FEC ID number of contributing federal political committee.

Name of Employer OMEGA ADVISORS Occupation MONEY MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74253**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JUDITH ANN EISENBERG**

Mailing Address 12 EAST 49TH STREET

City NEW YORK State NY Zip Code 10017-1028

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73131**

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

CONTRIBUTION

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICK F. ELLIOTT**

Mailing Address P.O. BOX 3715

City NORTH MYRTLE BEACH State SC Zip Code 29582-0715

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ELLIOT BEACH RENTALS REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75509**

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

CONTRIBUTION

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. ALEC L. ELLISON**

Mailing Address 96 HUSTED LANE

City GREENWICH State CT Zip Code 06830-3935

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
JEFFERIES LLC INVESTMENT BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73471**

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

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MORRIS A. ELLISON**

Mailing Address 268 CONFEDERATE CIR

City CHARLESTON State SC Zip Code 29407-7429

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

Name of Employer Occupation  
WOMBLE CARLYLE SANDRIDGE & RICE ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.73472**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**DR. ALVON C. ELROD**

Mailing Address 300 RIPPLE VW DR

City CLEMSON State SC Zip Code 29631-1629

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 ▼  
635.00

**Transaction ID : SA17.69971**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. ALVON C. ELROD**

Mailing Address 300 RIPPLE VW DR

City CLEMSON State SC Zip Code 29631-1629

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 ▼  
635.00

**Transaction ID : SA17.74111**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 675.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**DR. ALVON C. ELROD**

Mailing Address 300 RIPPLE VW DR

City State Zip Code  
CLEMSON SC 29631-1629

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 ▼  
635.00

**Transaction ID : SA17.74802**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**DR. ALVON C. ELROD**

Mailing Address 300 RIPPLE VW DR

City State Zip Code  
CLEMSON SC 29631-1629

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 ▼  
635.00

**Transaction ID : SA17.75349**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
**MARTIN ELSANT**

Mailing Address 324 HOWARD AVE

City State Zip Code  
WOODMERE NY 11598-2909

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

Name of Employer Occupation  
NORTH SHORE HEALTH SYSTEM PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

**Transaction ID : SA17.73251**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 260.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MS. DEBRA ENGEL**

Mailing Address **358 CONFEDERATE CIR**

City State Zip Code  
**CHARLESTON SC 29407-7431**

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

Name of Employer Occupation  
**TSA MANAGER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.75541**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 30 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**ILYA ERENBERG**

Mailing Address **327 E. RUSTIC RD.**

City State Zip Code  
**SANTA MONICA CA 90402-1146**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1100.00**

**Transaction ID : SA17.73433**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 13 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. DIANE M. ERVIN**

Mailing Address **1410 FAIRFAX ROAD**

City State Zip Code  
**FLORENCE SC 29501-5606**

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 ▼  
**400.00**

**Transaction ID : SA17.69858**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 07 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**200.00**

**Subtotal Of Receipts This Page** (optional)..... **550.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES L. ERVIN**

Mailing Address 410 1ST ST SE

City WASHINGTON State DC Zip Code 20003-1819

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

Name of Employer Occupation  
ETA PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.72962**

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

SEE REATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES L. ERVIN**

Mailing Address 410 1ST ST SE

City WASHINGTON State DC Zip Code 20003-1819

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

Name of Employer Occupation  
ETA PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.72962B**

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-300.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**TERESA M. ERVIN**

Mailing Address 410 1ST ST SE

City WASHINGTON State DC Zip Code 20003-1819

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 ▼  
300.00

**Transaction ID : SA17.73612**

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
300.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page** (optional).....▶ 1000.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. TUCKER A. ESKEW**

Mailing Address 207 W. MASONIC VIEW AVE.

City State Zip Code  
ALEXANDRIA VA 22301-2416

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

Name of Employer Occupation  
VIANOVO PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74728**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 32 THRUSH LANE

City State Zip Code  
NEW CANAAN CT 06840-3235

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

Name of Employer Occupation  
SHEFFIELD HAWORTH INC. PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74724**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**THEODORE R. ESSEX**

Mailing Address 5580 JOWETT CT

City State Zip Code  
ALEXANDRIA VA 22315-5541

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

Name of Employer Occupation  
USITC ALJ

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

**Transaction ID : SA17.73933**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 1025.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**THEODORE R. ESSEX**

Mailing Address 5580 JOWETT CT

City	State	Zip Code
ALEXANDRIA	VA	22315-5541

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
USITC	ALJ

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74381**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**THEODORE R. ESSEX**

Mailing Address 5580 JOWETT CT

City	State	Zip Code
ALEXANDRIA	VA	22315-5541

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
USITC	ALJ

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74671**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**THEODORE R. ESSEX**

Mailing Address 5580 JOWETT CT

City	State	Zip Code
ALEXANDRIA	VA	22315-5541

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
USITC	ALJ

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75483**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MITCH ETTINGER**

Mailing Address 9613 HALTER COURT

City	State	Zip Code
POTOMAC	MD	20854-4723

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

Name of Employer	Occupation
SKADDEN ARPS	LAWYER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.74167**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	15	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CARL O. FALK**

Mailing Address 202 SEA OATS CIR.

City	State	Zip Code
PAWLEYS ISLAND	SC	29585-5128

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 ▼  
 \_\_\_\_\_ 5400.00

**Transaction ID : SA17.75215**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	29	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**MARCIA G. FALK**

Mailing Address 202 SEA OATS CIR.

City	State	Zip Code
PAWLEYS ISLAND	SC	29585-5128

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

Name of Employer	Occupation
FALK-GRIFFIN FOUNDATION	PHILANTHROPIST

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5400.00

**Transaction ID : SA17.75216**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	29	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 6400.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**PATRICIA FARIS**

Mailing Address 1606 SCOTLAND AVENUE

City State Zip Code  
CHARLOTTE NC 28207-2638

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.00

**Transaction ID : SA17.74334**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL R. FELDER**

Mailing Address 214 KALMIA DRIVE

City State Zip Code  
COLUMBIA SC 29205-3540

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

Name of Employer Occupation  
UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA UNIVERSITY PROFESSOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

**Transaction ID : SA17.73451**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL R. FELDER**

Mailing Address 214 KALMIA DRIVE

City State Zip Code  
COLUMBIA SC 29205-3540

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

Name of Employer Occupation  
UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA UNIVERSITY PROFESSOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

**Transaction ID : SA17.73781**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 375.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS FELDER**

Mailing Address 310 OLD COURSE LOOP

City State Zip Code  
BLYTHEWOOD SC 29016-9099

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

Name of Employer Occupation  
S C COMMUNITY BANK BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.74150**

Date of Receipt  
M M / D D / Y Y Y Y  
08 14 2015

CONTRIBUTION

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**EDWARD FIENNING**

Mailing Address 164 MARKET STREET #398

City State Zip Code  
CHARLESTON SC 29401-6948

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

Name of Employer Occupation  
HARVARDSQCAPITAL.COM PROFESSIONAL DRIVER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.75299**

Date of Receipt  
M M / D D / Y Y Y Y  
09 25 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**RODGER FINE**

Mailing Address 26 BROOK DRIVE

City State Zip Code  
MILLTOWN NJ 08850-1932

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

**Transaction ID : SA17.73090**

Date of Receipt  
M M / D D / Y Y Y Y  
07 21 2015

CONTRIBUTION

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 3950.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN FLANNERY**

Mailing Address **P.O. BOX 6027**

City State Zip Code  
**SCHENECTADY NY 12301-6027**

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

Name of Employer Occupation  
**GENERAL ELECTRIC BUSINESS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2000.00**

**Transaction ID : SA17.74787**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**BARRY FLEISHMAN**

Mailing Address **18242 WICKHAM ROAD**

City State Zip Code  
**OLNEY MD 20832-3101**

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

Name of Employer Occupation  
**KILPATRICK TOWNSEND ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3200.00**

**Transaction ID : SA17.71830**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**BARRY FLEISHMAN**

Mailing Address **18242 WICKHAM ROAD**

City State Zip Code  
**OLNEY MD 20832-3101**

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

Name of Employer Occupation  
**KILPATRICK TOWNSEND ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3200.00**

**Transaction ID : SA17.71830B**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-500.00**

**[MEMO ITEM]**

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **2000.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**BARRY FLEISHMAN**

Mailing Address **18242 WICKHAM ROAD**

City **OLNEY** State **MD** Zip Code **20832-3101**

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

Name of Employer **KILPATRICK TOWNSEND** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3200.00**

**Transaction ID : SA17.74197**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**SCOTT T. FORD**

Mailing Address **22311 HWY. 10**

City **LITTLE ROCK** State **AR** Zip Code **72223-4449**

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

Name of Employer **FORD** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**7900.00**

**Transaction ID : SA17.75291**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**RAZE M. FOSTER**

Mailing Address **7616 STONEHAVEN DR.**

City **N CHARLESTON** State **SC** Zip Code **29420-8807**

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 ▼  
**375.00**

**Transaction ID : SA17.73369**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**Subtotal Of Receipts This Page** (optional)..... **2725.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**RAZE M. FOSTER**

Mailing Address 7616 STONEHAVEN DR.

City State Zip Code  
N CHARLESTON SC 29420-8807

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 ▼  
375.00

**Transaction ID : SA17.74404**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD H. FRANK**

Mailing Address 12753 MULHOLLAND DR

City State Zip Code  
BEVERLY HILLS CA 90210-1330

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

Name of Employer Occupation  
FRANK FAMILY VINEYARDS WINERY OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.71892**

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

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

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

Mailing Address 12753 MULHOLLAND DR

City State Zip Code  
BEVERLY HILLS CA 90210-1330

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

Name of Employer Occupation  
FRANK FAMILY VINEYARDS WINERY OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.71892B**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 100.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD H. FRANK**

Mailing Address 12753 MULHOLLAND DR

City State Zip Code  
BEVERLY HILLS CA 90210-1330

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

Name of Employer Occupation  
FRANK FAMILY VINEYARDS WINERY OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73096**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MS. ANNE FRAZIER-MELTON**

Mailing Address 5 HOLLYHILL COURT

City State Zip Code  
IRMO SC 29063-8266

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

Name of Employer Occupation  
SELF-EMPLOYED DEVELOPER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
7000.00

**Transaction ID : SA17.69859**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1500.00

REFUND TO BE ISSUED

**C.** Full Name (Last, First, Middle Initial)  
**LYNN FREEDMAN**

Mailing Address P.O. BOX 371

City State Zip Code  
PINE PLAINS NY 12567-0371

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 ▼  
410.00

**Transaction ID : SA17.75163**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 1750.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LYNN FREEDMAN**

Mailing Address **P.O. BOX 371**

City State Zip Code  
**PINE PLAINS NY 12567-0371**

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 ▼  
**410.00**

**Transaction ID : SA17.75454**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 22 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**160.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. HARRY I. FREUND**

Mailing Address **7 COTSWOOD RD.**

City State Zip Code  
**GREENWICH CT 06830-4713**

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

Name of Employer Occupation  
**BALFOUR INVESTORS INC. INVESTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.74831**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 24 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS. EVANGELINE B. FUSSCAS**

Mailing Address **249 LINDEN ST.**

City State Zip Code  
**MANCHESTER NH 03104-3319**

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**

**Transaction ID : SA17.72904**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 13 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**Subtotal Of Receipts This Page** (optional).....▶ **2910.00**

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MS. EVANGELINE B. FUSSCAS**

Mailing Address **249 LINDEN ST.**

City **MANCHESTER** State **NH** Zip Code **03104-3319**

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 ▼  
**350.00**

**Transaction ID : SA17.73707**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**ALEXANDRA GARNER**

Mailing Address **2723 MONROE STREET**

City **COLUMBIA** State **SC** Zip Code **29205-2536**

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

Name of Employer **NEPHRON PHARMACEUTICALS** Occupation **SOCIAL MEDIA COORDINATOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1063.11**

**Transaction ID : SA17.75235**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1063.11**

**IN KIND**

**C.** Full Name (Last, First, Middle Initial)  
**MR. FREDERIC H. GARNER**

Mailing Address **518 HERMITAGE RD**

City **CHARLOTTE** State **NC** Zip Code **28207-1844**

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

Name of Employer **PIPAR JAFFRAY & CO.** Occupation **INVESTMENT BANKER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.74715**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional).....▶ **1713.11**

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 157 / 862

16    17a    17b    17c    17d    18  
 19a    19b    20a    20b    20c    21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>MRS. LAUREN SCHOR GELLER</b></p> <p>Mailing Address <b>157 E. 84TH STREET</b></p> <p>City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10028-2049</b></p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer <b>UNEMPLOYED</b> Occupation <b>UNEMPLOYED</b></p> <p>Receipt For: 2016  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <input type="text" value="1000.00"/></p>	<p><b>Transaction ID : SA17.73506</b></p> <p>Date of Receipt  <input type="text" value="MM/DD/YYYY"/> <input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2015"/></p> <p><b>CONTRIBUTION</b></p> <p>Amount of Each Receipt this Period  <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. MARTIN J. GELLER</b></p> <p>Mailing Address <b>157 E. 84TH STREET</b></p> <p>City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10028-2049</b></p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer <b>GELLER &amp; COMPANY</b> Occupation <b>EXECUTIVE</b></p> <p>Receipt For: 2016  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <input type="text" value="1000.00"/></p>	<p><b>Transaction ID : SA17.73507</b></p> <p>Date of Receipt  <input type="text" value="MM/DD/YYYY"/> <input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2015"/></p> <p><b>CONTRIBUTION</b></p> <p>Amount of Each Receipt this Period  <input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>ARIE GENDER</b></p> <p>Mailing Address <b>17001 COLLINS AVE., APT. 1104</b></p> <p>City <b>NEW YORK</b> State <b>FL</b> Zip Code <b>33160-3646</b></p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer <b>SELF-EMPLOYED</b> Occupation <b>INVESTMENTS</b></p> <p>Receipt For: 2016  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <input type="text" value="3700.00"/></p>	<p><b>Transaction ID : SA17.72876</b></p> <p>Date of Receipt  <input type="text" value="MM/DD/YYYY"/> <input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2015"/></p> <p><b>CONTRIBUTION</b></p> <p>Amount of Each Receipt this Period  <input type="text" value="1000.00"/></p>
<p><b>Subtotal Of Receipts This Page</b> (optional).....</p>	<p><input type="text" value="3000.00"/></p>
<p><b>Total This Period</b> (last page this line number only) .....</p>	<p><input type="text" value="3000.00"/></p>

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ARIE GINGER**

Mailing Address 17001 COLLINS AVE., APT. 1104

City State Zip Code  
NEW YORK FL 33160-3646

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

Name of Employer Occupation  
SELF-EMPLOYED INVESTMENTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3700.00

**Transaction ID : SA17.72876B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 01 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-1000.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**ARIE GINGER**

Mailing Address 17001 COLLINS AVE., APT. 1104

City State Zip Code  
NEW YORK FL 33160-3646

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

Name of Employer Occupation  
SELF-EMPLOYED INVESTMENTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3700.00

**Transaction ID : SA17.74700**

Date of Receipt  
M M / D D / Y Y Y Y  
09 01 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS GENTILE**

Mailing Address 178 HILLSPPOINT

City State Zip Code  
WESTPORT CT 06880-6614

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

Name of Employer Occupation  
GE CAPITAL GE CAPITAL PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.74593**

Date of Receipt  
M M / D D / Y Y Y Y  
09 01 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1000.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES W. GEORGE**

Mailing Address 320 W. PRENTISS AVE

City State Zip Code  
GREENVILLE SC 29605-4036

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 ▼  
225.00

**Transaction ID : SA17.72932**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES W. GEORGE**

Mailing Address 320 W. PRENTISS AVE

City State Zip Code  
GREENVILLE SC 29605-4036

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 ▼  
225.00

**Transaction ID : SA17.73812**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES W. GEORGE**

Mailing Address 320 W. PRENTISS AVE

City State Zip Code  
GREENVILLE SC 29605-4036

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 ▼  
225.00

**Transaction ID : SA17.75003**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
40.00

**Subtotal Of Receipts This Page** (optional).....▶ 120.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**TIMOTHY M. GEORGE**

Mailing Address 209 TACONIC ROAD

City State Zip Code  
GREENWICH CT 06831-3114

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

Name of Employer Occupation  
LAZARD INVESTMENT BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.75308**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN M. GERSTEN**

Mailing Address 19103 CENTRE ROSE BLVD

City State Zip Code  
LUTZ FL 33558-9015

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

Name of Employer Occupation  
IRON DOME VENTURES CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
370.00

**Transaction ID : SA17.73218**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN M. GERSTEN**

Mailing Address 19103 CENTRE ROSE BLVD

City State Zip Code  
LUTZ FL 33558-9015

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

Name of Employer Occupation  
IRON DOME VENTURES CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
370.00

**Transaction ID : SA17.74596**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
10.00

**Subtotal Of Receipts This Page** (optional).....▶ 2735.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN M. GERSTEN**

Mailing Address 19103 CENTRE ROSE BLVD

City LUTZ State FL Zip Code 33558-9015

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

Name of Employer IRON DOME VENTURES Occupation CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
370.00

**Transaction ID : SA17.75059**

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN M. GERSTEN**

Mailing Address 19103 CENTRE ROSE BLVD

City LUTZ State FL Zip Code 33558-9015

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

Name of Employer IRON DOME VENTURES Occupation CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
370.00

**Transaction ID : SA17.75304**

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES E. GIBBONS III**

Mailing Address 7313 EASTBORNE ROAD

City CINCINNATI State OH Zip Code 45255-3962

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 ▼  
250.00

**Transaction ID : SA17.73683**

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 285.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JIMMY I. GIBBS**

Mailing Address 485 MOCKINGBIRD LN

City State Zip Code  
SPARTANBURG SC 29307-3748

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

Name of Employer Occupation  
GIBBS INTERNATIONAL PRESIDENT & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.74413**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**TRACIE GIBLER**

Mailing Address 225 PRAIRIE VIEW DRIVE  
APARTMENT 9324

City State Zip Code  
WEST DES MOINES IA 50266-7133

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

Name of Employer Occupation  
LINDSEY GRAHAM 2016 IOWA STATE DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

**Transaction ID : SA17.75312**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. BARRY J. GIBLIN**

Mailing Address 17 MOUNT PROSPECT AVENUE

City State Zip Code  
VERONA NJ 07044-2707

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

Name of Employer Occupation  
ROSSI DECORATING PAINTER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
355.00

**Transaction ID : SA17.73244**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 3800.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BARRY J. GIBLIN**

Mailing Address 17 MOUNT PROSPECT AVENUE

City State Zip Code  
VERONA NJ 07044-2707

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ROSSI DECORATING PAINTER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73560**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. BARRY J. GIBLIN**

Mailing Address 17 MOUNT PROSPECT AVENUE

City State Zip Code  
VERONA NJ 07044-2707

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ROSSI DECORATING PAINTER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74149**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. BARRY J. GIBLIN**

Mailing Address 17 MOUNT PROSPECT AVENUE

City State Zip Code  
VERONA NJ 07044-2707

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ROSSI DECORATING PAINTER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74360**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID GITLITZ**

Mailing Address P.O. BOX 6000  
835 RED MOUNTAIN ROAD

City State Zip Code  
BATTLEMENT MESA CO 81636-6000

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

Name of Employer Occupation  
COMMUNITY HOLDINGS CORPORATION MANAGING MEMBER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.69996**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. ANDREA H. GLENN**

Mailing Address 410 MILL ST STE. 103

City State Zip Code  
MOUNT PLEASANT SC 29464-4300

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.74830**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**KENNETH GLUECK**

Mailing Address 7122 DEER VALLEY RD.

City State Zip Code  
HIGHLAND MD 20777-9512

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

Name of Employer Occupation  
ORACLE SOFTWARE DESIGNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.69225**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5400.00

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional).....▶ 2000.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**KENNETH GLUECK**

Mailing Address 7122 DEER VALLEY RD.

City State Zip Code  
HIGHLAND MD 20777-9512

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

Name of Employer Occupation  
ORACLE SOFTWARE DESIGNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.69225B**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**KENNETH GLUECK**

Mailing Address 7122 DEER VALLEY RD.

City State Zip Code  
HIGHLAND MD 20777-9512

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

Name of Employer Occupation  
ORACLE SOFTWARE DESIGNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.74288**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAY GOULD**

Mailing Address 363 E. 76TH STREET APT. 10F

City State Zip Code  
NEW YORK NY 10021-2433

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

Name of Employer Occupation  
MAJESTIC PROPERTY REAL ESTATE CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.73088**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1700.00

**Subtotal Of Receipts This Page** (optional).....▶ 1700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PERRY GREEN**

Mailing Address **130 W. FOURTH AVENUE**

City **ANCHORAGE** State **AK** Zip Code **99501-2510**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 **250.00**

**Transaction ID : SA17.74229**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 **250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN P. GRIGGS**

Mailing Address **1360 PLACE VENDOME**

City **WINTER PARK** State **FL** Zip Code **32789-1389**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 **1000.00**

**Transaction ID : SA17.74235**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 **1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**KRISTEN GRIMM**

Mailing Address **1509 RIVERTOWNE COUNTRY CLUB**

City **MOUNT PLEASANT** State **SC** Zip Code **29466-8723**

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

Name of Employer **SELF EMPLOYED** Occupation **FARM POST LLC**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 **500.00**

**Transaction ID : SA17.74056**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			12			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 **500.00**

**Subtotal Of Receipts This Page** (optional).....  **1750.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL J. GRINDSTAFF**

Mailing Address 300 S. ORANGE AVENUE STE 1000

City: ORLANDO State: FL Zip Code: 32801-5403

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

Name of Employer: SHUTTS & BOWEN LLP Occupation: ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.74273**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AHUVA GROSS**

Mailing Address 1 SANDALWOOD DR.

City: LIVINGSTON State: NJ Zip Code: 07039-1408

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

Name of Employer: SELF-EMPLOYED Occupation: INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : SA17.73498**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**JANET D. GROTHAUS**

Mailing Address 8569 DOAR ROAD

City: AWENDAW State: SC Zip Code: 29429-6084

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 ▼  
 \_\_\_\_\_ 480.00

**Transaction ID : SA17.74534**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 3800.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JANET D. GROTHAUS**

Mailing Address **8569 DOAR ROAD**

City **AWENDAW** State **SC** Zip Code **29429-6084**

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 ▼  
**480.00**

**Transaction ID : SA17.74908**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**JANET D. GROTHAUS**

Mailing Address **8569 DOAR ROAD**

City **AWENDAW** State **SC** Zip Code **29429-6084**

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 ▼  
**480.00**

**Transaction ID : SA17.75413**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**80.00**

**C.** Full Name (Last, First, Middle Initial)  
**JANET D. GROTHAUS**

Mailing Address **8569 DOAR ROAD**

City **AWENDAW** State **SC** Zip Code **29429-6084**

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 ▼  
**480.00**

**Transaction ID : SA17.75420**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**Subtotal Of Receipts This Page** (optional)..... **230.00**

**Total This Period** (last page this line number only).....



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **11111 SANTA MONICA BLVD.  
STE. 700**

City State Zip Code  
**LOS ANGELES CA 90025-3341**

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

Name of Employer Occupation  
**HACKMAN CAPITAL PARTNERS PRESIDENT/CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

Transaction ID : **SA17.67102**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 10 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)  
**MR. MICHAEL HACKMAN**

Mailing Address **11111 SANTA MONICA BLVD.  
STE. 700**

City State Zip Code  
**LOS ANGELES CA 90025-3341**

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

Name of Employer Occupation  
**HACKMAN CAPITAL PARTNERS PRESIDENT/CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

Transaction ID : **SA17.67102B**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 10 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2700.00**

[MEMO ITEM]  
REDESIGNATION TO GENERAL

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

Mailing Address **11111 SANTA MONICA BLVD.  
STE. 700**

City State Zip Code  
**LOS ANGELES CA 90025-3341**

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

Name of Employer Occupation  
**HACKMAN CAPITAL PARTNERS PRESIDENT/CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

Transaction ID : **SA17.74196**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 10 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

[MEMO ITEM]  
REDESIGNATION FROM PRIMARY

Subtotal Of Receipts This Page (optional)..... **0.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN A. HAGINS JR.**

Mailing Address 1111 WEMBLEY ROAD

City State Zip Code  
GREENVILLE SC 29607-3374

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

Name of Employer Occupation  
COVINGTON PATRICK HAGINS LEWIS ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.69444**

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN A. HAGINS JR.**

Mailing Address 1111 WEMBLEY ROAD

City State Zip Code  
GREENVILLE SC 29607-3374

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

Name of Employer Occupation  
COVINGTON PATRICK HAGINS LEWIS ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.A69444**

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**PRISCILLA FOSTER HAGINS**

Mailing Address 1111 WEMBLEY RD

City State Zip Code  
GREENVILLE SC 29607-3374

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

Name of Employer Occupation  
SELF-EMPLOYED ANTIQUES DEALER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.B73469**

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MARGUERITE HAINES**

Mailing Address 507 MALLARD DRIVE

City State Zip Code  
CHAPIN SC 29036-8268

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.69916**

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN HALL**

Mailing Address 219 NEELY ROAD

City State Zip Code  
CLOVER SC 29710-1242

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

Name of Employer Occupation  
M.L. FORD & SONS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.75222**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE STEWART HALL**

Mailing Address 391 NICHOLS RUN COURT

City State Zip Code  
GREAT FALLS VA 22066-3047

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

Name of Employer Occupation  
CROSSROADS STRATEGIES MANAGING DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.72970**

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 2000.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **320 OLD ANDERSON ROAD WEST**

City **GREENVILLE** State **SC** Zip Code **29611-7636**

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

Name of Employer **BENTON & PARKER INSURANCE SERVICES** Occupation **SALES**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**700.00**

**Transaction ID : SA17.73423**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM HALL**

Mailing Address **320 OLD ANDERSON ROAD WEST**

City **GREENVILLE** State **SC** Zip Code **29611-7636**

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

Name of Employer **BENTON & PARKER INSURANCE SERVICES** Occupation **SALES**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**700.00**

**Transaction ID : SA17.75269**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**VANCE HAM**

Mailing Address **P.O. BOX 440850**

City **HOUSTON** State **TX** Zip Code **77244-0850**

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

Name of Employer **TECHNIP USA** Occupation **ENGINEER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**375.00**

**Transaction ID : SA17.74021**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**Subtotal Of Receipts This Page** (optional).....▶ **300.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**VANCE HAM**

Mailing Address P.O. BOX 440850

City HOUSTON State TX Zip Code 77244-0850

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

Name of Employer TECHNIP USA Occupation ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.00

**Transaction ID : SA17.74173**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
**VANCE HAM**

Mailing Address P.O. BOX 440850

City HOUSTON State TX Zip Code 77244-0850

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

Name of Employer TECHNIP USA Occupation ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.00

**Transaction ID : SA17.74563**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
**VANCE HAM**

Mailing Address P.O. BOX 440850

City HOUSTON State TX Zip Code 77244-0850

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

Name of Employer TECHNIP USA Occupation ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.00

**Transaction ID : SA17.75191**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
75.00

**Subtotal Of Receipts This Page** (optional).....▶ 225.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

**A. Full Name (Last, First, Middle Initial)**

VANCE HAM

Mailing Address P.O. BOX 440850

City	State	Zip Code
HOUSTON	TX	77244-0850

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
TECHNIP USA	ENGINEER

Receipt For: 2016

Primary     General

Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75473**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

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

ANDREW HAMILTON

Mailing Address 208 HANTY BRANCH HILL

City	State	Zip Code
BREVARD	NC	28712-7506

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	WRITER

Receipt For: 2016

Primary     General

Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74362**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

CONTRIBUTION

Amount of Each Receipt this Period

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

ANDREW HAMILTON

Mailing Address 208 HANTY BRANCH HILL

City	State	Zip Code
BREVARD	NC	28712-7506

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	WRITER

Receipt For: 2016

Primary     General

Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74550**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ANDREW HAMILTON**

Mailing Address 208 HANTY BRANCH HILL

City State Zip Code  
BREVARD NC 28712-7506

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

Name of Employer Occupation  
SELF-EMPLOYED WRITER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

**Transaction ID : SA17.75442**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**ANDREW HAMILTON**

Mailing Address 208 HANTY BRANCH HILL

City State Zip Code  
BREVARD NC 28712-7506

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

Name of Employer Occupation  
SELF-EMPLOYED WRITER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

**Transaction ID : SA17.75446**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ALVIN HAMMER**

Mailing Address 68 LENWOOD BLVD.

City State Zip Code  
CHARLESTON SC 29401-2339

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

**Transaction ID : SA17.68974**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5000.00

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional).....▶ 75.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ALVIN HAMMER**

Mailing Address **68 LENWOOD BLVD.**

City State Zip Code  
**CHARLESTON SC 29401-2339**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5000.00**

**Transaction ID : SA17.68974B**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 04 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2300.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ALVIN HAMMER**

Mailing Address **68 LENWOOD BLVD.**

City State Zip Code  
**CHARLESTON SC 29401-2339**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5000.00**

**Transaction ID : SA17.73624**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 04 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2300.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. FRANCES A. HAMRICK**

Mailing Address **104 GREYSTONE COURT**

City State Zip Code  
**SENECA SC 29672-7001**

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 ▼  
**2700.00**

**Transaction ID : SA17.73796**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 11 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**5000.00**

**SEE REATTRIBUTION**

**Subtotal Of Receipts This Page** (optional)..... **5000.00**

**Total This Period** (last page this line number only).....



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. FRANCES A. HAMRICK**

Mailing Address 104 GREYSTONE COURT

City State Zip Code  
SENECA SC 29672-7001

**Transaction ID : SA17.73796B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

\_\_\_\_\_ -2300.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

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 ▼  
\_\_\_\_\_ 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN R. HAMRICK**

Mailing Address 104 GREYSTONE CT.

City State Zip Code  
SENECA SC 29672-7001

**Transaction ID : SA17.74205**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

\_\_\_\_\_ 2300.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

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

Name of Employer Occupation  
HAMRICK REAL ESTATE REAL ESTATE DEVELOPER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
\_\_\_\_\_ 2300.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. J. DANIEL HANKS JR.**

Mailing Address 39 HUNTINGTON RD SW

City State Zip Code  
ROME GA 30165-6661

**Transaction ID : SA17.74747**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

\_\_\_\_\_ 100.00

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 ▼  
\_\_\_\_\_ 300.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 100.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS E. HANNAH**

Mailing Address **837 GLENDALYN AVENUE**

City **SPARTANBURG** State **SC** Zip Code **29302-1405**

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

Name of Employer **SOUTH POINT CUTTING** Occupation **PRESIDENT & CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.73860**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**EZRA HANZ**

Mailing Address **340 EAST 64TH STREET  
8K**

City **NEW YORK** State **NY** Zip Code **10065-7503**

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

Name of Employer **RIVIERA RESOURCES INC** Occupation **VP MARKETING**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.73457**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**YING XUE HAO**

Mailing Address **11795 KING ROAD**

City **ROSWELL** State **GA** Zip Code **30075-1440**

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

Name of Employer **GREENVILLE ENERGY & RESEARCH** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.73844**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

SEE REATTRIBUTION

**Subtotal Of Receipts This Page** (optional)..... **2250.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**YING XUE HAO**

Mailing Address 11795 KING ROAD

City State Zip Code  
ROSWELL GA 30075-1440

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

Name of Employer Occupation  
GREENVILLE ENERGY & RESEARCH OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.73844B**

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-300.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**WEI LU**

Mailing Address 11795 KING ROAD

City State Zip Code  
ROSWELL GA 30075-1440

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : SA17.74201**

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
300.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**A. O. HARDEE**

Mailing Address 55 PARK ST EXT

City State Zip Code  
LITTLE RIVER SC 29566-7818

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 ▼  
2700.00

**Transaction ID : SA17.75523**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 2700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. D. RUSSELL HARRIS**

Mailing Address **4421 CHICORA STREET**

City **COLUMBIA** State **SC** Zip Code **29206-2903**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

**Transaction ID : SA17.73869**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

500.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**MR. HENRY C. HARRISON SR.**

Mailing Address **1213 SHADOW WAY**

City **GREENVILLE** State **SC** Zip Code **29615-3843**

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

Name of Employer **AMERICAN SERVICES, INC.** Occupation **CHAIRMAN/CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

**Transaction ID : SA17.73866**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

1000.00
---------

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LINDA W. HARRISON**

Mailing Address **1369 WALNUT GROVE RD**

City **ROEBUCK** State **SC** Zip Code **29376-3721**

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 ▼ **3600.00**

**Transaction ID : SA17.74406**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

2800.00
---------

**SEE REATTRIBUTION**

**Subtotal Of Receipts This Page** (optional).....▶ 

4300.00
---------

**Total This Period** (last page this line number only).....▶ 

--

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**BEN C. HARRISON**

Mailing Address 1369 WALNUT GROVE RD

City State Zip Code  
ROEBUCK SC 29376-3721

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

Name of Employer Occupation  
HARRISON ,WHITE, SMITH, ET AL. ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.74683**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LINDA W. HARRISON**

Mailing Address 1369 WALNUT GROVE RD

City State Zip Code  
ROEBUCK SC 29376-3721

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 ▼  
3600.00

**Transaction ID : SA17.74406B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-100.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LINDA W. HARRISON**

Mailing Address 1369 WALNUT GROVE RD

City State Zip Code  
ROEBUCK SC 29376-3721

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 ▼  
3600.00

**Transaction ID : SA17.74684B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-900.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LINDA W. HARRISON**

Mailing Address 1369 WALNUT GROVE RD

City State Zip Code  
ROEBUCK SC 29376-3721

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.75022**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS P. HARTNESS**

Mailing Address P.O. BOX 25309

City State Zip Code  
GREENVILLE SC 29616-0309

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HARTNESS INTERNATIONAL PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.73674**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**LYNN HARTON**

Mailing Address 310 MCDANIEL AVENUE

City State Zip Code  
GREENVILLE SC 29601-4336

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UNITED COMMUNITY BANK BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.73839**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. W. BRANTLEY HARVEY JR.**

Mailing Address 501 PINCKNEY ST.

City	State	Zip Code
BEAUFORT	SC	29902-4739

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73726**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			06			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. W. BRANTLEY HARVEY JR.**

Mailing Address 501 PINCKNEY ST.

City	State	Zip Code
BEAUFORT	SC	29902-4739

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75203**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT HATCHER**

Mailing Address 2356 AMERICAN WAY

City	State	Zip Code
MONTROSE	CO	81401-7591

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73365**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**BERNIE HAWKINS**

Mailing Address 323 SHAREBROOK LANE

City: COLUMBIA      State: SC      Zip Code: 29212-0962

FEC ID number of contributing federal political committee.     

Name of Employer: NELSON, MULLINS      Occupation: ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
      1000.00

**Transaction ID : SA17.69601**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			02			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
      1000.00

**B.** Full Name (Last, First, Middle Initial)  
**FAYE HAYES**

Mailing Address 538 KESWICK PLACE

City: OCEAN ISLE BEACH      State: NC      Zip Code: 28469-6138

FEC ID number of contributing federal political committee.     

Name of Employer: RETIRED      Occupation: RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
      400.00

**Transaction ID : SA17.74143**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
      100.00

**C.** Full Name (Last, First, Middle Initial)  
**FAYE HAYES**

Mailing Address 538 KESWICK PLACE

City: OCEAN ISLE BEACH      State: NC      Zip Code: 28469-6138

FEC ID number of contributing federal political committee.     

Name of Employer: RETIRED      Occupation: RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
      400.00

**Transaction ID : SA17.74520**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
      50.00

**Subtotal Of Receipts This Page** (optional).....       1150.00

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**FAYE HAYES**

Mailing Address **538 KESWICK PLACE**

City State Zip Code  
**OCEAN ISLE BEACH NC 28469-6138**

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 ▼  
**400.00**

**Transaction ID : SA17.75133**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 16 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. FORREST D. HAYES**

Mailing Address **56 WEXFORD ON THE GREEN**

City State Zip Code  
**HILTON HEAD SC 29928-6125**

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

Name of Employer Occupation  
**SELF-EMPLOYED TRUSTEE/DIRECTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**850.00**

**Transaction ID : SA17.73182**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 07 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. FORREST D. HAYES**

Mailing Address **56 WEXFORD ON THE GREEN**

City State Zip Code  
**HILTON HEAD SC 29928-6125**

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

Name of Employer Occupation  
**SELF-EMPLOYED TRUSTEE/DIRECTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**850.00**

**Transaction ID : SA17.73183**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 10 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**100.00**

**Subtotal Of Receipts This Page** (optional)..... **175.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. FORREST D. HAYES**

Mailing Address **56 WEXFORD ON THE GREEN**

City	State	Zip Code
HILTON HEAD	SC	29928-6125

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

Name of Employer	Occupation
SELF-EMPLOYED	TRUSTEE/DIRECTOR

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **850.00**

**Transaction ID : SA17.74549**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **25.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. FORREST D. HAYES**

Mailing Address **56 WEXFORD ON THE GREEN**

City	State	Zip Code
HILTON HEAD	SC	29928-6125

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

Name of Employer	Occupation
SELF-EMPLOYED	TRUSTEE/DIRECTOR

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **850.00**

**Transaction ID : SA17.75239**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **100.00**

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

Mailing Address **4274 SILVER EAGLE CV**

City	State	Zip Code
DENVER	NC	28037-8085

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

Name of Employer	Occupation
MOSAIC CAPITAL PARTNERS	INVESTMENTS

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **500.00**

**Transaction ID : SA17.73217**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **500.00**

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ **625.00**

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STEWART W. HEATH III**

Mailing Address 1823 JOHNSONVILLE HWY

City LAKE CITY State SC Zip Code 29560-6128

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.75261**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES C. HECKEL**

Mailing Address 6705 BROOKFIELD ROAD

City COLUMBIA State SC Zip Code 29206-2203

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 ▼  
750.00

**Transaction ID : SA17.69906**

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES C. HECKEL**

Mailing Address 6705 BROOKFIELD ROAD

City COLUMBIA State SC Zip Code 29206-2203

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 ▼  
750.00

**Transaction ID : SA17.73630**

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
200.00

**Subtotal Of Receipts This Page** (optional).....▶ 500.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES C. HECKEL**

Mailing Address **6705 BROOKFIELD ROAD**

City **COLUMBIA** State **SC** Zip Code **29206-2203**

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 ▼  
 **750.00**

**Transaction ID : SA17.74745**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 **200.00**

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

Mailing Address **143 MARTIN LANE**

City **ALEXANDRIA** State **VA** Zip Code **22304-7748**

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

Name of Employer **CAPITAL CITY PARTNERS LLC** Occupation **CONSULTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 **2000.00**

**Transaction ID : SA17.75275**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 **1000.00**

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

Mailing Address **3005 BURNING TREE LANE**

City **CINCINNATI** State **OH** Zip Code **45237-1715**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 **2700.00**

**Transaction ID : SA17.74826**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 **5400.00**

**SEE REATTRIBUTION**

**Subtotal Of Receipts This Page** (optional).....  **6600.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address 3005 BURNING TREE LANE

City State Zip Code  
CINCINNATI OH 45237-1715

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.74826B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MRS. KIM M. HEIMAN**

Mailing Address 3005 BURNING TREE LANE

City State Zip Code  
CINCINNATI OH 45237-1715

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.74827**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL HEINTZELMAN**

Mailing Address 333 COMMONWEALTH AVE  
APT 17

City State Zip Code  
BOSTON MA 02115-1931

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

Name of Employer Occupation  
GE MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74784**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
500.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**KURT HEITMAN**

Mailing Address **32 MONTROSE DR**

City State Zip Code  
**GREENVILLE SC 29607-3034**

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

Name of Employer Occupation  
**SOUTHERN EYE ASSOC PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.74976**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 29 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**CAPT. LARISON F. HELM USN (RET.)**

Mailing Address **2407 NORDOK PLACE**

City State Zip Code  
**ALEXANDRIA VA 22306-2536**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**300.00**

**Transaction ID : SA17.73876**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 17 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**CAPT. LARISON F. HELM USN (RET.)**

Mailing Address **2407 NORDOK PLACE**

City State Zip Code  
**ALEXANDRIA VA 22306-2536**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**300.00**

**Transaction ID : SA17.74732**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 21 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**200.00**

**Subtotal Of Receipts This Page** (optional)..... **800.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT W. HELM**

Mailing Address **1493 EVANS FARM DRIVE**

City **MCLEAN** State **VA** Zip Code **22101-5656**

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

Name of Employer **GENERAL DYNAMICS** Occupation **SENIOR VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.72961**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**SEE REATTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT W. HELM**

Mailing Address **1493 EVANS FARM DRIVE**

City **MCLEAN** State **VA** Zip Code **22101-5656**

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

Name of Employer **GENERAL DYNAMICS** Occupation **SENIOR VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.72961B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-300.00**

**[MEMO ITEM]**  
**REATTRIBUTION TO SPOUSE**

**C.** Full Name (Last, First, Middle Initial)  
**SANDRA HELM**

Mailing Address **1493 EVANS FARM DRIVE**

City **MCLEAN** State **VA** Zip Code **22101-5656**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**300.00**

**Transaction ID : SA17.73058**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
**300.00**

**[MEMO ITEM]**  
**REATTRIBUTION FROM SPOUSE**

**Subtotal Of Receipts This Page (optional)**.....▶ **1000.00**

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MS. DOROTHY M. HELMS**

Mailing Address 507 CONGAREE AVE.

City	State	Zip Code
COLUMBIA	SC	29205-2210

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

Name of Employer	Occupation
MCNAIR LAW FIRM	ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

**Transaction ID : SA17.74816**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	24	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**B.** Full Name (Last, First, Middle Initial)  
**BRIG. GEN. THOMAS L. HEMINGWAY USAF (RET.)**

Mailing Address 8704 LYNN SUSAN COURT

City	State	Zip Code
SPRINGFIELD	VA	22152-2756

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 ▼  
 \_\_\_\_\_ 750.00

**Transaction ID : SA17.73719**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	05	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**C.** Full Name (Last, First, Middle Initial)  
**BRIG. GEN. THOMAS L. HEMINGWAY USAF (RET.)**

Mailing Address 8704 LYNN SUSAN COURT

City	State	Zip Code
SPRINGFIELD	VA	22152-2756

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 ▼  
 \_\_\_\_\_ 750.00

**Transaction ID : SA17.74430**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	10	/	2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 750.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**BRIG. GEN. THOMAS L. HEMINGWAY USAF (RET.)**

Mailing Address **8704 LYNN SUSAN COURT**

City **SPRINGFIELD** State **VA** Zip Code **22152-2756**

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 ▼  
**750.00**

**Transaction ID : SA17.74795**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			23			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL S. HERMANN**

Mailing Address **6912 NEWBURGH RD.**

City **EVANSVILLE** State **IN** Zip Code **47715-4447**

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

Name of Employer **AMERIQUEL GROUP, LLC** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2500.00**

**Transaction ID : SA17.74262**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**5000.00**

**SEE REATTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL S. HERMANN**

Mailing Address **6912 NEWBURGH RD.**

City **EVANSVILLE** State **IN** Zip Code **47715-4447**

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

Name of Employer **AMERIQUEL GROUP, LLC** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2500.00**

**Transaction ID : SA17.74262B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-2500.00**

**[MEMO ITEM]**  
**REATTRIBUTION TO SPOUSE**

**Subtotal Of Receipts This Page** (optional)..... **5250.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. KIM S. HERMANN**

Mailing Address **6912 NEWBURGH RD.**

City **EVANSVILLE** State **IN** Zip Code **47715-4447**

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

**Transaction ID : SA17.74268**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

CONTRIBUTION

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

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

Mailing Address **17 AVENUE OF TWO RIVERS**

City **RUMSON** State **NJ** Zip Code **07760-1701**

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

Name of Employer **DAVIDSON HERMAN CAPITAL MGMT** Occupation **FINANCE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.73006**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2015			

CONTRIBUTION

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

Mailing Address **28 BRIDGESIDE BLVD.**

City **MOUNT PLEASANT** State **SC** Zip Code **29464-4375**

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

Name of Employer **MOTLEY RICE LLC** Occupation **MOTLEY RICE ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 201.60

**Transaction ID : SA17.75317**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			23			2015			

CONTRIBUTION

Amount of Each Receipt this Period  
 \_\_\_\_\_ 201.60

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 1201.60

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN HERTOOG**

Mailing Address **745 5TH AVE**

City **NEW YORK** State **NY** Zip Code **10151-0099**

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

Name of Employer **SELF EMPLOYED** Occupation **WRITER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**7100.00**

**Transaction ID : SA17.69766**

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

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**SUSAN HERTOOG**

Mailing Address **745 5TH AVE**

City **NEW YORK** State **NY** Zip Code **10151-0099**

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

Name of Employer **SELF EMPLOYED** Occupation **WRITER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**7100.00**

**Transaction ID : SA17.69766B**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-800.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**SUSAN HERTOOG**

Mailing Address **745 5TH AVE**

City **NEW YORK** State **NY** Zip Code **10151-0099**

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

Name of Employer **SELF EMPLOYED** Occupation **WRITER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**7100.00**

**Transaction ID : SA17.74279**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**800.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES T. HESTER**

Mailing Address 1600 SENECA STREET

City CALHOUN FALLS State SC Zip Code 29628-9328

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

**Transaction ID : SA17.69832**

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES T. HESTER**

Mailing Address 1600 SENECA STREET

City CALHOUN FALLS State SC Zip Code 29628-9328

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

**Transaction ID : SA17.73746**

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES T. HESTER**

Mailing Address 1600 SENECA STREET

City CALHOUN FALLS State SC Zip Code 29628-9328

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

**Transaction ID : SA17.75538**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 250.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD A. HESTER**

Mailing Address **263 MOHAWK DR.**

City **GREENVILLE** State **SC** Zip Code **29609-5729**

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

Name of Employer **TACTICAL MEDICAL SOLUTIONS INC** Occupation **DISTRICT SALES MANAGER**

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.75002**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 25 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. HOWARD H. HILLER**

Mailing Address **298 HICKORY TREE LANE**

City **FAIR PLAY** State **SC** Zip Code **29643-2209**

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

Name of Employer **CLEMSON UNIVERSITY** Occupation **COUNTY EXTENSION AGENT**

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**450.00**

**Transaction ID : SA17.73170**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 07 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES A. HINSON**

Mailing Address **7612 PARKWOOD DRIVE**

City **MYRTLE BEACH** State **SC** Zip Code **29572-4158**

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

Name of Employer **SELF-EMPLOYED** Occupation **COMMERCIAL REAL ESTATE**

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**350.00**

**Transaction ID : SA17.75456**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 28 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page** (optional)..... **3050.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS HIXON**

Mailing Address 4432 WASHINGTON ST

City	State	Zip Code
KANSAS CITY	MO	64111-3319

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
US AIR FORCE	OFFICER (PILOT)

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74030**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 4432 WASHINGTON ST

City	State	Zip Code
KANSAS CITY	MO	64111-3319

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
US AIR FORCE	OFFICER (PILOT)

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74669**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MS. ASHLEY HOEFER**

Mailing Address 946 WOODLAND DR.

City	State	Zip Code
COLUMBIA	SC	29205-2046

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	SALES

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75513**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**CARL HOEFEL**

Mailing Address 113 BAKERS POINT RD

City	State	Zip Code
COLUMBIA	SC	29223-8425

FEC ID number of contributing federal political committee.

Name of Employer BOSE CORPORATION	Occupation MANUFACTURING EXEC
--------------------------------------	----------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74432**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**CARL HOEFEL**

Mailing Address 113 BAKERS POINT RD

City	State	Zip Code
COLUMBIA	SC	29223-8425

FEC ID number of contributing federal political committee.

Name of Employer BOSE CORPORATION	Occupation MANUFACTURING EXEC
--------------------------------------	----------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75038**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN M.S. HOEFER**

Mailing Address 946 WOODLAND DR.

City	State	Zip Code
COLUMBIA	SC	29205-2046

FEC ID number of contributing federal political committee.

Name of Employer WILLOUGHBY AND HOEFER PA	Occupation ATTORNEY
--	------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75505**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JEROME F. HOELSCHER**

Mailing Address 3702 COUNTY ROAD 125

City State Zip Code  
GARDEN CITY TX 79739-2609

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 ▼  
2800.00

**Transaction ID : SA17.73700**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
900.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JEROME F. HOELSCHER**

Mailing Address 3702 COUNTY ROAD 125

City State Zip Code  
GARDEN CITY TX 79739-2609

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 ▼  
2800.00

**Transaction ID : SA17.74804**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD F. HOHLT**

Mailing Address 1455 PENNSYLVANIA AVENUE NW  
SUITE 1140

City State Zip Code  
WASHINGTON DC 20004-1011

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 ▼  
2700.00

**Transaction ID : SA17.72966**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 3700.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWIN C. HOLBROOK**

Mailing Address 201 TROON PLACE

City State Zip Code  
SHELBY NC 28150-4875

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

Name of Employer Occupation  
CLEVELAND COMMUNITY COLLEGE DEVELOPMENT FUNDRAISING

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.74742**

Date of Receipt  
M M / D D / Y Y Y Y  
08 26 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. EDWIN C. HOLBROOK**

Mailing Address 201 TROON PLACE

City State Zip Code  
SHELBY NC 28150-4875

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

Name of Employer Occupation  
CLEVELAND COMMUNITY COLLEGE DEVELOPMENT FUNDRAISING

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.74742B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 28 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWIN C. HOLBROOK**

Mailing Address 201 TROON PLACE

City State Zip Code  
SHELBY NC 28150-4875

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

Name of Employer Occupation  
CLEVELAND COMMUNITY COLLEGE DEVELOPMENT FUNDRAISING

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.75018**

Date of Receipt  
M M / D D / Y Y Y Y  
09 28 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....▶ 2700.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

16  17a  17b  17c  17d  18  
 19a  19b  20a  20b  20c  21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MILLIE HOLBROOK**

Mailing Address 201 TROON PLACE

City SHELBY State NC Zip Code 28150-4875

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CLEVELAND COMMUNITY COLLEGE AND COUNTY MANAGER LEGRAND CONFERENCE CENTER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74741**

Date of Receipt  
 /  /

**CONTRIBUTION**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MILLIE HOLBROOK**

Mailing Address 201 TROON PLACE

City SHELBY State NC Zip Code 28150-4875

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CLEVELAND COMMUNITY COLLEGE AND COUNTY MANAGER LEGRAND CONFERENCE CENTER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74741B**

Date of Receipt  
 /  /

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MILLIE HOLBROOK**

Mailing Address 201 TROON PLACE

City SHELBY State NC Zip Code 28150-4875

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CLEVELAND COMMUNITY COLLEGE AND COUNTY MANAGER LEGRAND CONFERENCE CENTER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75020**

Date of Receipt  
 /  /

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**EVANS P. HOLLAND SR.**

Mailing Address 1943 HOFFMEYER RD

City State Zip Code  
FLORENCE SC 29501-3939

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

Name of Employer Occupation  
PEARCE LAND COMPANY LLC OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.75243**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROGER L. HOLLAND**

Mailing Address 208 DEERCHASE ROAD

City State Zip Code  
SHELBY NC 28150-9361

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

Name of Employer Occupation  
HOLLAND & HAMRICK ARCHITECTS, PA ARCHITECT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

**Transaction ID : SA17.74817**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**C.** Full Name (Last, First, Middle Initial)  
**MR. BENJAMIN HOMAN**

Mailing Address 867 HOLZ AVENUE

City State Zip Code  
CINCINNATI OH 45230-3668

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

Name of Employer Occupation  
SALYAS GROUP FINANCE ANALYST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.73823**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 1500.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MARK HORINBEIN**

Mailing Address **2304 WINDSOR FOREST DRIVE**

City <b>FLORENCE</b>	State <b>SC</b>	Zip Code <b>29501-2092</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer <b>KMR DEVELOPMENT</b>	Occupation <b>PRINCIPAL</b>
--	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.73275**

Date of Receipt  

M M / D D / Y Y Y Y
07 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  

<b>250.00</b>
---------------

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARK HORINBEIN**

Mailing Address **2304 WINDSOR FOREST DRIVE**

City <b>FLORENCE</b>	State <b>SC</b>	Zip Code <b>29501-2092</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer <b>KMR DEVELOPMENT</b>	Occupation <b>PRINCIPAL</b>
--	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.75253**

Date of Receipt  

M M / D D / Y Y Y Y
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  

<b>250.00</b>
---------------

**C.** Full Name (Last, First, Middle Initial)  
**MR. BRENT HOWARD**

Mailing Address **910 NOTTINGHAM LAKES RD.**

City <b>CONWAY</b>	State <b>SC</b>	Zip Code <b>29526-9319</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer <b>FOUR STAR PLBG &amp; AIR CONDITIONING</b>	Occupation <b>MANAGER</b>
--	------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.75511**

Date of Receipt  

M M / D D / Y Y Y Y
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  

<b>2700.00</b>
----------------

**Subtotal Of Receipts This Page** (optional).....▶ **3200.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. KATHY HOWERTON**

Mailing Address P.O. BOX 1476

City State Zip Code  
RANCHO SANTA FE CA 92067-1476

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

**Transaction ID : SA17.69863**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MACLAY HOYNE**

Mailing Address 7990 E. SNYDER RD APT 25103

City State Zip Code  
TUCSON AZ 85750-9053

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

Name of Employer Occupation  
BANNER UNIVERSITY MEDICAL CENTER PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.73106**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JULIUS C. HUBBARD JR.**

Mailing Address 150 DOWNS BLVD., APT. A214

City State Zip Code  
CLEMSON SC 29631-2044

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

Name of Employer Occupation  
GOLDEN CORNER COUNCIL EMERITUS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : SA17.70002**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
400.00

**Subtotal Of Receipts This Page** (optional).....▶ 1400.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT E. HUGHES JR.**

Mailing Address P.O. BOX 2567

City State Zip Code  
GREENVILLE SC 29602-2567

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

Name of Employer Occupation  
HUGHES DEVELOPMENT CORPORATION REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.74860**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 2525 FAIRWAY DR.

City State Zip Code  
ORANGEBURG SC 29118-4005

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 ▼  
275.00

**Transaction ID : SA17.74509**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT HUMBURG**

Mailing Address 2525 FAIRWAY DR.

City State Zip Code  
ORANGEBURG SC 29118-4005

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 ▼  
275.00

**Transaction ID : SA17.74914**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 2775.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES E. HUNTER**

Mailing Address 120 HIGH HAMPTON DR.

City	State	Zip Code
COLUMBIA	SC	29209-1222

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.72894**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**ELISHA HURLEY**

Mailing Address 221 FANTASIA WAY

City	State	Zip Code
CLARKSVILLE	TN	37043-1537

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
FOUNDER/DIRECTOR, SOLDIER CENTER	PSYCHOTHERAPIST, RETIRED ARMY

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73266**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ROSALIND G. HUTCHENS**

Mailing Address 1117 OFFSHORE DRIVE

City	State	Zip Code
FAYETTEVILLE	NC	28305-5250

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74233**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**EZIE ISAAC**

Mailing Address 1454 COMSTOCK AVE

City State Zip Code  
LOS ANGELES CA 90024-5366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CONTINENTAL COMPUTERS SALES

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.73424**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES E. JACKSON**

Mailing Address 101 SHROPSHIRE ST.

City State Zip Code  
GOOSE CREEK SC 29445-5365

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 ▼  
300.00

**Transaction ID : SA17.72879**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA B. JACKSON**

Mailing Address 225 MARABOU CIRCLE

City State Zip Code  
WEST COLUMBIA SC 29169-4706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.73868**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 800.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICK H. JACOBS**

Mailing Address **144 CUTTER CIRCLE**

City **BLUFFTON** State **SC** Zip Code **29909-4317**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **NUCLEAR ENGINEERING**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ **350.00**

**Transaction ID : SA17.74162**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICK H. JACOBS**

Mailing Address **144 CUTTER CIRCLE**

City **BLUFFTON** State **SC** Zip Code **29909-4317**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **NUCLEAR ENGINEERING**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ **350.00**

**Transaction ID : SA17.74971**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. RICK H. JACOBS**

Mailing Address **144 CUTTER CIRCLE**

City **BLUFFTON** State **SC** Zip Code **29909-4317**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **NUCLEAR ENGINEERING**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ **350.00**

**Transaction ID : SA17.75463**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**Subtotal Of Receipts This Page** (optional)..... **150.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MS. SENECA JACOBS**

Mailing Address **6111 SUNPOINTE DR. APT 202**

City **RALEIGH** State **NC** Zip Code **27606-5006**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2000.00**

**Transaction ID : SA17.75526**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**HOWARD JAECKEL**

Mailing Address **420 EAST 72ND STREET  
6L**

City **NEW YORK** State **NY** Zip Code **10021-4650**

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 ▼  
**350.00**

**Transaction ID : SA17.74783**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			09			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**JAMES JANOUSH**

Mailing Address **P.O. BOX 397**

City **ROSEDALE** State **MS** Zip Code **38769-0397**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JANTRAN, INC** Occupation **VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2000.00**

**Transaction ID : SA17.75214**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2000.00**

**Subtotal Of Receipts This Page** (optional)..... **4250.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LINDA JELACICH**

Mailing Address 4747 WALNUT AVE.

City State Zip Code  
HUGHSON CA 95326-9769

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 ▼  
700.00

**Transaction ID : SA17.73939**

Date of Receipt

/  /

CONTRIBUTION

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
**LINDA JELACICH**

Mailing Address 4747 WALNUT AVE.

City State Zip Code  
HUGHSON CA 95326-9769

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 ▼  
700.00

**Transaction ID : SA17.74066**

Date of Receipt

/  /

CONTRIBUTION

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
**LINDA JELACICH**

Mailing Address 4747 WALNUT AVE.

City State Zip Code  
HUGHSON CA 95326-9769

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 ▼  
700.00

**Transaction ID : SA17.74342**

Date of Receipt

/  /

CONTRIBUTION

Amount of Each Receipt this Period

25.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LINDA JELACICH**

Mailing Address 4747 WALNUT AVE.

City State Zip Code  
HUGHSON CA 95326-9769

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 ▼  
700.00

**Transaction ID : SA17.74529**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
700.00

**B.** Full Name (Last, First, Middle Initial)  
**LINDA JELACICH**

Mailing Address 4747 WALNUT AVE.

City State Zip Code  
HUGHSON CA 95326-9769

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 ▼  
700.00

**Transaction ID : SA17.74915**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**LINDA JELACICH**

Mailing Address 4747 WALNUT AVE.

City State Zip Code  
HUGHSON CA 95326-9769

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 ▼  
700.00

**Transaction ID : SA17.75162**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 375.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS JENNINGS JR.**

Mailing Address **803 E. MAIN STREET**

City **BENNETTSVILLE** State **SC** Zip Code **29512-3221**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DOUGLAS JENNINGS LAW FIRM, LLC** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.73627**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN C. JENNINGS III**

Mailing Address **1030 WILFRED DR.**

City **ORLANDO** State **FL** Zip Code **32803-2535**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JACK JENNINGS & SONS** Occupation **VICE PRESIDENT**

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.73882**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN S. JENSEN**

Mailing Address **4651 MILL POND RD.**

City **MYRTLE BEACH** State **SC** Zip Code **29588-8623**

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 ▼  
**2700.00**

**Transaction ID : SA17.73651**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1700.00**

**Subtotal Of Receipts This Page** (optional).....▶ **4400.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ANN C. JOHNSON**

Mailing Address 1008 GLENDALYN CIR

City State Zip Code  
SPARTANBURG SC 29302-2111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.74187B**

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**ANN C. JOHNSON**

Mailing Address 1008 GLENDALYN CIR

City State Zip Code  
SPARTANBURG SC 29302-2111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.74192**

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. FRED B. JOHNSTON II**

Mailing Address 287 OLD FARM LANE

City State Zip Code  
IRMO SC 29063-8880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74270**

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 500.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE D. JOHNSON JR.**

Mailing Address P.O. BOX 3524

City State Zip Code  
SPARTANBURG SC 29304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON DEVELOPMENT, INC. CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5300.00

**Transaction ID : SA17.74218**

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE D. JOHNSON JR.**

Mailing Address P.O. BOX 3524

City State Zip Code  
SPARTANBURG SC 29304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON DEVELOPMENT, INC. CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5300.00

**Transaction ID : SA17.74218B**

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2600.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE D. JOHNSON JR.**

Mailing Address P.O. BOX 3524

City State Zip Code  
SPARTANBURG SC 29304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON DEVELOPMENT, INC. CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5300.00

**Transaction ID : SA17.74307**

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....▶ 2700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES W. JOHNSTON**

Mailing Address 928 BEAR POINT

City State Zip Code  
CHAPIN SC 29036-9411

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 ▼  
525.00

**Transaction ID : SA17.74504**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**JAMES W. JOHNSTON**

Mailing Address 928 BEAR POINT

City State Zip Code  
CHAPIN SC 29036-9411

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 ▼  
525.00

**Transaction ID : SA17.74525**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**JOE JOHNSON**

Mailing Address 3262 LINCOLN ROAD

City State Zip Code  
YORK SC 29745-6301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DUNLAP-JOHNSON CHEVROLET CO. INC. CHEVROLET DEALER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

**Transaction ID : SA17.73583**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 175.00

**Total This Period** (last page this line number only).....▶



# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JOE JOHNSON**

Mailing Address **3262 LINCOLN ROAD**

City **YORK** State **SC** Zip Code **29745-6301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DUNLAP-JOHNSON CHEVROLET CO. INC.** Occupation **CHEVROLET DEALER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **450.00**

**Transaction ID : SA17.74591**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 03 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROSS ALEXANDER JOHNSON**

Mailing Address **602 WATERMARKE LN**

City **ANDERSON** State **SC** Zip Code **29625-5966**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2700.00**

**Transaction ID : SA17.75004**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 25 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEWART H. JOHNSON**

Mailing Address **1008 GLENDALYN CIRCLE**

City **SPARTANBURG** State **SC** Zip Code **29302-2111**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MORGAN CORP.** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **5400.00**

**Transaction ID : SA17.73881**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 17 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**5600.00**

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**..... **8550.00**

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ANN C. JOHNSON**

Mailing Address 1008 GLENDALYN CIR

City	State	Zip Code
SPARTANBURG	SC	29302-2111

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74187**

Date of Receipt  
MM / DD / YYYY  
 /  /

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEWART H. JOHNSON**

Mailing Address 1008 GLENDALYN CIRCLE

City	State	Zip Code
SPARTANBURG	SC	29302-2111

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MORGAN CORP.	CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73881B**

Date of Receipt  
MM / DD / YYYY  
 /  /

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEWART H. JOHNSON**

Mailing Address 1008 GLENDALYN CIRCLE

City	State	Zip Code
SPARTANBURG	SC	29302-2111

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MORGAN CORP.	CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74188B**

Date of Receipt  
MM / DD / YYYY  
 /  /

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STEWART H. JOHNSON**

Mailing Address 1008 GLENDALYN CIRCLE

City State Zip Code  
SPARTANBURG SC 29302-2111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MORGAN CORP. CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.74190**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SUSAN P. JOHNSON**

Mailing Address P.O. BOX 3524

City State Zip Code  
SPARTANBURG SC 29304-3524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5300.00

**Transaction ID : SA17.74220**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SUSAN P. JOHNSON**

Mailing Address P.O. BOX 3524

City State Zip Code  
SPARTANBURG SC 29304-3524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5300.00

**Transaction ID : SA17.74220B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
-2600.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

Subtotal Of Receipts This Page (optional).....▶ 2700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SUSAN P. JOHNSON**

Mailing Address P.O. BOX 3524

City State Zip Code  
SPARTANBURG SC 29304-3524

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74309**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**IRA JONAS**

Mailing Address 51 LINCOLN AVE

City State Zip Code  
PISCATAWAY NJ 08854-4865

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73385**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**IRA JONAS**

Mailing Address 51 LINCOLN AVE

City State Zip Code  
PISCATAWAY NJ 08854-4865

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74351**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID C. JONES**

Mailing Address 9610 DEWITT DRIVE UNIT SH101

City	State	Zip Code
SILVER SPRING	MD	20910-7116

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
AREVA, INC.	EXECUTIVE MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73889**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH H. JONES**

Mailing Address 150 ASPEN TRAIL

City	State	Zip Code
COLUMBIA	SC	29206-4977

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.72956**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**F. GREGG JONES**

Mailing Address 555 E CHEVES ST

City	State	Zip Code
FLORENCE	SC	29506-2617

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MEDICAL ANESTHESIS CONSULTANTS	ANESTHESIOLOGIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69975**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. TRINA S. JONES**

Mailing Address **3 WOODWAY COURT**

City State Zip Code  
**GREER SC 29651-6836**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**MILLIKEN & COMPANY MANAGER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**400.00**

**Transaction ID : SA17.73807**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 14 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ERIC H. JOSTROM**

Mailing Address **53 S MAIN ST**

City State Zip Code  
**IPSWICH MA 01938-2321**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**IPSWICH INVESTMENT MANAGEMENT CO INC CHAIRMAN AND CIO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3700.00**

**Transaction ID : SA17.73784**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 10 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**PHILIP KAGAN**

Mailing Address **44 DEVANT DR EAST**

City State Zip Code  
**BLUFFTON SC 29909-4536**

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 ▼  
**258.00**

**Transaction ID : SA17.73294**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 07 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**Subtotal Of Receipts This Page** (optional)..... **2825.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLOTTE S. KAHN**

Mailing Address P.O. BOX 1608

City	State	Zip Code
COLUMBIA	SC	29202-1608

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.70027**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MARY J. KALIKOW**

Mailing Address 101 PARK AVENUE  
FLOOR 25

City	State	Zip Code
NEW YORK	NY	10178-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73513**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5400.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MARY J. KALIKOW**

Mailing Address 101 PARK AVENUE  
FLOOR 25

City	State	Zip Code
NEW YORK	NY	10178-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73513B**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional)..... 5900.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MARY J. KALIKOW**

Mailing Address **101 PARK AVENUE  
FLOOR 25**

City **NEW YORK** State **NY** Zip Code **10178-0002**

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 ▼  
**5400.00**

**Transaction ID : SA17.73759**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MR. NICHOLAS KALIKOW**

Mailing Address **101 PARK AVENUE**

City **NEW YORK** State **NY** Zip Code **10178-0002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **PRODUCER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.73516**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**5400.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. NICHOLAS KALIKOW**

Mailing Address **101 PARK AVENUE**

City **NEW YORK** State **NY** Zip Code **10178-0002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **PRODUCER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.73516B**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **5400.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. NICHOLAS KALIKOW**

Mailing Address 101 PARK AVENUE

City State Zip Code  
NEW YORK NY 10178-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED PRODUCER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73757**

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MR. PETER S. KALIKOW**

Mailing Address 101 PARK AVENUE  
FLOOR 25

City State Zip Code  
NEW YORK NY 10178-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HJ KALIKOW & CO. EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73514**

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5400.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. PETER S. KALIKOW**

Mailing Address 101 PARK AVENUE  
FLOOR 25

City State Zip Code  
NEW YORK NY 10178-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HJ KALIKOW & CO. EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73514B**

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 5400.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PETER S. KALIKOW**

Mailing Address **101 PARK AVENUE  
FLOOR 25**

City **NEW YORK** State **NY** Zip Code **10178-0002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HJ KALIKOW & CO.** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.73761**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MELISSA A. KALINOWSKY**

Mailing Address **38 LAKE SOMERSET CIRCLE**

City **BLUFFTON** State **SC** Zip Code **29909-4515**

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**

**Transaction ID : SA17.73604**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MELISSA A. KALINOWSKY**

Mailing Address **38 LAKE SOMERSET CIRCLE**

City **BLUFFTON** State **SC** Zip Code **29909-4515**

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**

**Transaction ID : SA17.75031**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page** (optional)..... **500.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT KAPLAN**

Mailing Address 4565 BARCLAY FAIRWAY

City Wellington State FL Zip Code 33449-8113

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 ▼  
455.00

**Transaction ID : SA17.73573**

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT KAPLAN**

Mailing Address 4565 BARCLAY FAIRWAY

City Wellington State FL Zip Code 33449-8113

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 ▼  
455.00

**Transaction ID : SA17.74113**

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT KAPLAN**

Mailing Address 4565 BARCLAY FAIRWAY

City Wellington State FL Zip Code 33449-8113

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 ▼  
455.00

**Transaction ID : SA17.75422**

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 175.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address **P.O. BOX 728**

City State Zip Code  
**GREENVILLE SC 29602-0728**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**WYCHE, PA ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3600.00**

**Transaction ID : SA17.72747**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 28 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address **P.O. BOX 728**

City State Zip Code  
**GREENVILLE SC 29602-0728**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**WYCHE, PA ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3600.00**

**Transaction ID : SA17.72747B**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 16 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-250.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address **P.O. BOX 728**

City State Zip Code  
**GREENVILLE SC 29602-0728**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**WYCHE, PA ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3600.00**

**Transaction ID : SA17.74574**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 16 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

16    17a    17b    17c    17d    18  
 19a    19b    20a    20b    20c    21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address **P.O. BOX 728**

City **GREENVILLE** State **SC** Zip Code **29602-0728**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WYCHE, PA** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3600.00**

**Transaction ID : SA17.72914**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 13 / 2015**

**CONTRIBUTION**  
 Amount of Each Receipt this Period  
**250.00**

**REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)**

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address **P.O. BOX 728**

City **GREENVILLE** State **SC** Zip Code **29602-0728**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WYCHE, PA** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3600.00**

**Transaction ID : SA17.72914B**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 11 / 2015**

**CONTRIBUTION**  
 Amount of Each Receipt this Period  
**-250.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address **P.O. BOX 728**

City **GREENVILLE** State **SC** Zip Code **29602-0728**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WYCHE, PA** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3600.00**

**Transaction ID : SA17.74573**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 11 / 2015**

**CONTRIBUTION**  
 Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page** (optional).....▶ **250.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address P.O. BOX 728

City State Zip Code  
GREENVILLE SC 29602-0728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WYCHE, PA ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3600.00

**Transaction ID : SA17.74571**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address P.O. BOX 728

City State Zip Code  
GREENVILLE SC 29602-0728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WYCHE, PA ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3600.00

**Transaction ID : SA17.74571B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-250.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address P.O. BOX 728

City State Zip Code  
GREENVILLE SC 29602-0728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WYCHE, PA ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3600.00

**Transaction ID : SA17.74572**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....▶ 250.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**KATHLEEN KELLY**

Mailing Address PSC 109 BOX 5

City State Zip Code  
APO AE 09818-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USG ANALYST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : SA17.73140**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**BILL KENNEDY**

Mailing Address 1592 W. IVANHOE BLVD.

City State Zip Code  
ORLANDO FL 32804-5808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEPHRON PHARMACEUTICALS CORP. FOUNDER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.75232**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

IN KIND

**C.** Full Name (Last, First, Middle Initial)  
**ELIZABETH KENNEDY**

Mailing Address 1620 MAYFLOWER COURT, APT A-315

City State Zip Code  
WINTER PARK FL 32792-2575

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 ▼  
2700.00

**Transaction ID : SA17.75237**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

IN KIND

**Subtotal Of Receipts This Page** (optional).....▶ 5500.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LOU W. KENNEDY**

Mailing Address 1592 W. IVANHOE BLVD.

City State Zip Code  
ORLANDO FL 32804-5808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OWNER & CEO NEPHRON PHARMACEUTICALS CORP.

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.75231**

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1700.00

**IN KIND**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. KIMBERLY V. KENT**

Mailing Address 2 W HILLCREST DR

City State Zip Code  
GREENVILLE SC 29609-4616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
COPPER DOME STRATEGIES, LLC LOBBYIST AND CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼  
5300.00

**Transaction ID : SA17.72880B**

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2600.00

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. KIMBERLY V. KENT**

Mailing Address 2 W HILLCREST DR

City State Zip Code  
GREENVILLE SC 29609-4616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
COPPER DOME STRATEGIES, LLC LOBBYIST AND CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼  
5300.00

**Transaction ID : SA17.74305**

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page** (optional).....▶ 1700.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MARK B. KENT**

Mailing Address **2 W. HILLCREST DR.**

City State Zip Code  
**GREENVILLE SC 29609-4616**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**KENT WORLDWIDE PRESIDENT & CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**5300.00**

**Transaction ID : SA17.72888**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 13 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**5400.00**

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) SEE REATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. KIMBERLY V. KENT**

Mailing Address **2 W HILLCREST DR**

City State Zip Code  
**GREENVILLE SC 29609-4616**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**COPPER DOME STRATEGIES, LLC LOBBYIST AND CONSULTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**5300.00**

**Transaction ID : SA17.72880**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 13 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARK B. KENT**

Mailing Address **2 W. HILLCREST DR.**

City State Zip Code  
**GREENVILLE SC 29609-4616**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**KENT WORLDWIDE PRESIDENT & CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**5300.00**

**Transaction ID : SA17.72888B**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 13 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page (optional)**..... **5400.00**

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MARK B. KENT**

Mailing Address **2 W. HILLCREST DR.**

City State Zip Code  
**GREENVILLE SC 29609-4616**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**KENT WORLDWIDE PRESIDENT & CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**5300.00**

**Transaction ID : SA17.72925B**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 10 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-2600.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARK B. KENT**

Mailing Address **2 W. HILLCREST DR.**

City State Zip Code  
**GREENVILLE SC 29609-4616**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**KENT WORLDWIDE PRESIDENT & CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**5300.00**

**Transaction ID : SA17.75570**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 10 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2600.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS A. KILLOREN JR.**

Mailing Address **120 CAMDEN DR.**

City State Zip Code  
**SPARTANBURG SC 29302-3403**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**HARRISON ,WHITE, SMITH, ET AL. ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**3600.00**

**Transaction ID : SA17.74400**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 08 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2800.00**

**SEE REATTRIBUTION**

**Subtotal Of Receipts This Page** (optional)..... **2800.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MARY C. KILLOREN**

Mailing Address 120 CAMDEN DR.

City State Zip Code  
SPARTANBURG SC 29302-3403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THE ARTS PARTNERSHIP DEVELOPMENT OFFICER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.74689**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
1900.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS A. KILLOREN JR.**

Mailing Address 120 CAMDEN DR.

City State Zip Code  
SPARTANBURG SC 29302-3403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HARRISON ,WHITE, SMITH, ET AL. ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
3600.00

**Transaction ID : SA17.74400B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
-1900.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS A. KILLOREN JR.**

Mailing Address 120 CAMDEN DR.

City State Zip Code  
SPARTANBURG SC 29302-3403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HARRISON ,WHITE, SMITH, ET AL. ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
3600.00

**Transaction ID : SA17.74690B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
-900.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS A. KILLOREN JR.**

Mailing Address 120 CAMDEN DR.

City State Zip Code  
**SPARTANBURG SC 29302-3403**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**HARRISON ,WHITE, SMITH, ET AL. ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**3600.00**

**Transaction ID : SA17.74712**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 15 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**900.00**

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS F. KINDER JR.**

Mailing Address 5786 SALEM ROAD

City State Zip Code  
**CINCINNATI OH 45230-2769**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS PA ANNOUNCER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.74240**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 26 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. HEWLETT M. KING JR.**

Mailing Address 1213 CRESTVIEW ROAD

City State Zip Code  
**ANDERSON SC 29621-3707**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**MATRIX CONSTRUCTION COMPANY, INC. CONSTRUCTION**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**410.00**

**Transaction ID : SA17.73747**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 07 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**205.00**

**Subtotal Of Receipts This Page** (optional).....▶ **1205.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**A. H. KISSAM**

Mailing Address 5321 LOWER RICHLAND BLVD

City State Zip Code  
HOPKINS SC 29061-8643

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.73870**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. HENRY A. KISSINGER**

Mailing Address 350 PARK AVENUE FL. 26

City State Zip Code  
NEW YORK NY 10022-6045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KISSINGER ASSOCIATES CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.73474**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. WES A. KISSINGER**

Mailing Address 214 W. PEACH RIDGE DR.

City State Zip Code  
GREER SC 29651-5705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HARRISON, WHITE, SMITH & COGGI ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

**Transaction ID : SA17.74399**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1500.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**Subtotal Of Receipts This Page** (optional).....▶ 3000.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD S. KIZER**

Mailing Address P.O. BOX 2946101

City State Zip Code  
MONCKS CORNER SC 29461-6101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SANTEE COOPER GOVERNMENT RELATIONS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.72973**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**M. E. KLAPMAN**

Mailing Address 4 YEARLING COURT

City State Zip Code  
IRMO SC 29063-2939

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED SELF EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
212.00

**Transaction ID : SA17.73136**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**M. E. KLAPMAN**

Mailing Address 4 YEARLING COURT

City State Zip Code  
IRMO SC 29063-2939

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED SELF EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
212.00

**Transaction ID : SA17.74364**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
112.00

**Subtotal Of Receipts This Page** (optional).....▶ 462.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**KENNY KLEPPER**

Mailing Address **295 GLEN PL**

City **FRANKLIN LAKES** State **NJ** Zip Code **07417-2707**

FEC ID number of contributing federal political committee. **C**

Name of Employer **REACTIVECORE INC.** Occupation **CHAURMAN CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**4250.00**

**Transaction ID : SA17.67269**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
06			11			2015			

CONTRIBUTION

Amount of Each Receipt this Period  
**1250.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**KENNY KLEPPER**

Mailing Address **295 GLEN PL**

City **FRANKLIN LAKES** State **NJ** Zip Code **07417-2707**

FEC ID number of contributing federal political committee. **C**

Name of Employer **REACTIVECORE INC.** Occupation **CHAURMAN CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**4250.00**

**Transaction ID : SA17.67269B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period  
**-1250.00**

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**KENNY KLEPPER**

Mailing Address **295 GLEN PL**

City **FRANKLIN LAKES** State **NJ** Zip Code **07417-2707**

FEC ID number of contributing federal political committee. **C**

Name of Employer **REACTIVECORE INC.** Occupation **CHAURMAN CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**4250.00**

**Transaction ID : SA17.74198**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period  
**1250.00**

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....▶ **0.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MARC KNAPP**

Mailing Address **2258 PRISTINE VIEW**

City **CHARLESTON** State **SC** Zip Code **29414-4956**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHARLESTON SITE UTILITIES, LLC** Occupation **CONTRACTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.73914**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MARC KNAPP**

Mailing Address **2258 PRISTINE VIEW**

City **CHARLESTON** State **SC** Zip Code **29414-4956**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHARLESTON SITE UTILITIES, LLC** Occupation **CONTRACTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.74585**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT A. KNIGHT**

Mailing Address **107 LANNEAU DRIVE**

City **GREENVILLE** State **SC** Zip Code **29605-1709**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PUBLIC STRATEGY, LLC** Occupation **PUBLIC RELATIONS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3700.00**

**Transaction ID : SA17.73845**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)**

**Subtotal Of Receipts This Page** (optional)..... **1100.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID M. KNOTT**

Mailing Address **232 CLEFT ROAD**

City State Zip Code  
**MILL NECK NY 11765-1001**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**KNOTT PARTNERS CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**6000.00**

**Transaction ID : SA17.69893**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID M. KNOTT**

Mailing Address **232 CLEFT ROAD**

City State Zip Code  
**MILL NECK NY 11765-1001**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**KNOTT PARTNERS CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**6000.00**

**Transaction ID : SA17.69893B**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-1000.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID M. KNOTT**

Mailing Address **232 CLEFT ROAD**

City State Zip Code  
**MILL NECK NY 11765-1001**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**KNOTT PARTNERS CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**6000.00**

**Transaction ID : SA17.74736**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page** (optional)..... **1000.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID M. KNOTT**

Mailing Address **232 CLEFT ROAD**

City State Zip Code  
**MILL NECK NY 11765-1001**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**KNOTT PARTNERS CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**6000.00**

**Transaction ID : SA17.69900**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID M. KNOTT**

Mailing Address **232 CLEFT ROAD**

City State Zip Code  
**MILL NECK NY 11765-1001**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**KNOTT PARTNERS CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**6000.00**

**Transaction ID : SA17.69900B**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-300.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID M. KNOTT**

Mailing Address **232 CLEFT ROAD**

City State Zip Code  
**MILL NECK NY 11765-1001**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**KNOTT PARTNERS CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**6000.00**

**Transaction ID : SA17.74735**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 01 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**300.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page** (optional)..... **2000.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID M. KNOTT**

Mailing Address **232 CLEFT ROAD**

City **MILL NECK** State **NY** Zip Code **11765-1001**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KNOTT PARTNERS** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**6000.00**

**Transaction ID : SA17.73470**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID M. KNOTT**

Mailing Address **232 CLEFT ROAD**

City **MILL NECK** State **NY** Zip Code **11765-1001**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KNOTT PARTNERS** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**6000.00**

**Transaction ID : SA17.73470B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-1400.00**

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID M. KNOTT**

Mailing Address **232 CLEFT ROAD**

City **MILL NECK** State **NY** Zip Code **11765-1001**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KNOTT PARTNERS** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**6000.00**

**Transaction ID : SA17.74738**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1400.00**

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page** (optional)..... **2000.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICK E. KOCH**

Mailing Address **36 S. HUDSON STREET**

City State Zip Code  
**SEATTLE WA 98134-2443**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**KOCH HOLDINGS, INC. ALL CITY FENCE COI OWNER/PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1350.00**

**Transaction ID : SA17.69929**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**350.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICK E. KOCH**

Mailing Address **36 S. HUDSON STREET**

City State Zip Code  
**SEATTLE WA 98134-2443**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**KOCH HOLDINGS, INC. ALL CITY FENCE COM OWNER/PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1350.00**

**Transaction ID : SA17.73730**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. MYRON KORNBLUH**

Mailing Address **2 CLARIDGE DRIVE APT. 11 ME**

City State Zip Code  
**VERONA NJ 07044-3061**

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**

**Transaction ID : SA17.73501**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional).....▶ **1600.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD D. KRATOVIL**

Mailing Address 3300 N. VERMONT STREET

City State Zip Code  
ARLINGTON VA 22207-4469

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.72861**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**STEVEN KRAUSE**

Mailing Address 3000 OLD WILLIAMSTON ROAD

City State Zip Code  
ANDERSON SC 29621-4235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KRAUSE MOORHEAD & DRAISEN, PA LAWYER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

**Transaction ID : SA17.74061**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. J. M. KUYENDALL**

Mailing Address 1820 VIA GENOA

City State Zip Code  
WINTER PARK FL 32789-1525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74269**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 1250.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ANDY LAPPIN**

Mailing Address **630 LINCOLN AVE**  
**600**

City **GLENCOE** State **IL** Zip Code **60022-1421**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SHETLAND PROPERTIES** Occupation **REAL ESTATE MGMT.**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.73605**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 27 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**LARRY LAZARUS**

Mailing Address **667 MADISON AVENUE**

City **NEW YORK** State **NY** Zip Code **10065-8029**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE HEYMAN ENTERPRISE** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.73087**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 21 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**5400.00**

**C.** Full Name (Last, First, Middle Initial)  
**LARRY LAZARUS**

Mailing Address **667 MADISON AVENUE**

City **NEW YORK** State **NY** Zip Code **10065-8029**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE HEYMAN ENTERPRISE** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.73087B**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 16 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **5900.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LARRY LAZARUS**

Mailing Address **667 MADISON AVENUE**

City **NEW YORK** State **NY** Zip Code **10065-8029**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE HEYMAN ENTERPRISE** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.75014**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MS. TONYA C. LEATHERMAN**

Mailing Address **5054 HARMON ROAD**

City **KINGS MOUNTAIN** State **NC** Zip Code **28086-9128**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **SELF EMPLOYED**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.73890**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL J. LEFFELL**

Mailing Address **35 SHELDRAKE RD.**

City **SCARSDALE** State **NY** Zip Code **10583-3409**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PORTAGE ADVISORS LLC** Occupation **CONSULTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**4500.00**

**Transaction ID : SA17.67311**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 11 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2500.00**

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional)..... **2700.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL J. LEFFELL**

Mailing Address 35 SHELDRAKE RD.

City State Zip Code  
SCARSDALE NY 10583-3409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PORTAGE ADVISORS LLC CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

**Transaction ID : SA17.67311B**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-1800.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL J. LEFFELL**

Mailing Address 35 SHELDRAKE RD.

City State Zip Code  
SCARSDALE NY 10583-3409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PORTAGE ADVISORS LLC CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

**Transaction ID : SA17.73046**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1800.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**DONNA LEGGETT**

Mailing Address 212 FOLKSTONE CIRCLE

City State Zip Code  
AUGUSTA GA 30907-3773

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED FUNDRAISING CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.74558**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 250.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID LEGOW**

Mailing Address 11 FAIRFIELD DRIVE

City State Zip Code  
SHORT HILLS NJ 07078-1702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.73510**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. ANN SWING LEGRAND**

Mailing Address 12508 PECAN HILL COURT

City State Zip Code  
HUNTERSVILLE NC 28078-9166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.74227**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**C.** Full Name (Last, First, Middle Initial)  
**MR. STUART H. LEGRAND**

Mailing Address P.O. BOX 727

City State Zip Code  
SHELBY NC 28151-0727

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 ▼  
5400.00

**Transaction ID : SA17.68740**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional).....▶ 8100.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STUART H. LEGRAND**

Mailing Address P.O. BOX 727

City State Zip Code  
SHELBY NC 28151-0727

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.68740B**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. STUART H. LEGRAND**

Mailing Address P.O. BOX 727

City State Zip Code  
SHELBY NC 28151-0727

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74282**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MS. WESLEY T. LEGRAND**

Mailing Address 103 LAKE SHORE COURT

City State Zip Code  
CHERRYVILLE NC 28021-9375

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ACHIEVE LEARNING CENTER SPECIAL NEEDS PROFESSIONAL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74228**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

REATTRIBUTION / REDESIGNATION REQUESTED  
(AUTOMATIC)

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES K. LEHMAN**

Mailing Address **128 HOLLIDAY RD**

City **COLUMBIA** State **SC** Zip Code **29223-3132**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NELSON, MULLINS ET AL** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2000.00**

**Transaction ID : SA17.73666**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

### CONTRIBUTION

Amount of Each Receipt this Period

<b>2000.00</b>
----------------

**B.** Full Name (Last, First, Middle Initial)  
**JOHN F. LEHMAN**

Mailing Address **1054 CREAMERY RD**

City **NEWTOWN** State **PA** Zip Code **18940-2816**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JF LEHMAN AND CO.** Occupation **INVESTMENT BANKER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2800.00**

**Transaction ID : SA17.71600**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			15			2015			

### CONTRIBUTION

Amount of Each Receipt this Period

<b>100.00</b>
---------------

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**JOHN F. LEHMAN**

Mailing Address **1054 CREAMERY RD**

City **NEWTOWN** State **PA** Zip Code **18940-2816**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JF LEHMAN AND CO.** Occupation **INVESTMENT BANKER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2800.00**

**Transaction ID : SA17.71600B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

### CONTRIBUTION

Amount of Each Receipt this Period

<b>-100.00</b>
----------------

**[MEMO ITEM]**

**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **2000.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN F. LEHMAN**

Mailing Address 1054 CREAMERY RD

City NEWTOWN State PA Zip Code 18940-2816

FEC ID number of contributing federal political committee.

Name of Employer JF LEHMAN AND CO. Occupation INVESTMENT BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73095**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**RACHAEL LEMAN**

Mailing Address PSC 559 BOX 5165

City FPO State AP Zip Code 96377-0052

FEC ID number of contributing federal political committee.

Name of Employer LINDSEY GRAHAM 2016 Occupation POLICY ADVISOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75311**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. CLIFF LEONARD**

Mailing Address P.O. BOX 566513

City ATLANTA State GA Zip Code 31156-6513

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation ACCIPITER EXPLORATION

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74417**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARY M. LEWIS**

Mailing Address **6506 BLUE WING DRIVE**

City State Zip Code  
**ALEXANDRIA VA 22307-1338**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**THE FRITTS GROUP GOVERNMENT AFFAIRS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.72965**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 16 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**PETER LEWIS**

Mailing Address **25 WEST 81 ST**

City State Zip Code  
**NEW YORK NY 10024-6023**

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**

**Transaction ID : SA17.74799**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 24 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**NANCY A. LIEBERMAN**

Mailing Address **435 E. 52ND ST., APT. 10D**

City State Zip Code  
**NEW YORK NY 10022-6445**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SKADDEN, ARPS, SLATE, MEAGHER ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.75467**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 30 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**Subtotal Of Receipts This Page** (optional)..... **3950.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JANET L. LINDLEY**

Mailing Address 490 PUMPKIN HILL ROAD

City	State	Zip Code
WARNER	NH	03278-4521

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼	
	1700.00

**Transaction ID : SA17.74796**

Date of Receipt  

M M	/	D D	/	Y Y	Y Y
09		23		2015	

CONTRIBUTION

Amount of Each Receipt this Period	
	3400.00

SEE REATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. CLARK N. LINDLEY**

Mailing Address 490 PUMPKIN HILL ROAD

City	State	Zip Code
WARNER	NH	03278-4521

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼	
	1700.00

**Transaction ID : SA17.74797**

Date of Receipt  

M M	/	D D	/	Y Y	Y Y
09		23		2015	

CONTRIBUTION

Amount of Each Receipt this Period	
	1700.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JANET L. LINDLEY**

Mailing Address 490 PUMPKIN HILL ROAD

City	State	Zip Code
WARNER	NH	03278-4521

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼	
	1700.00

**Transaction ID : SA17.74796B**

Date of Receipt  

M M	/	D D	/	Y Y	Y Y
09		23		2015	

CONTRIBUTION

Amount of Each Receipt this Period	
	-1700.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page** (optional).....▶ **3400.00**

**Total This Period** (last page this line number only).....▶ **3400.00**

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RONALD T. LINDSAY**

Mailing Address **813 LAURENS STREET**

City State Zip Code  
**COLUMBIA SC 29201-3929**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SCANA CORP. GENERAL COUNSEL**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.73843**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 17 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**DANIEL LINEBAUGH**

Mailing Address **3118 KNIGHT LN.**

City State Zip Code  
**BAYTOWN TX 77521-2875**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF-EMPLOYED ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1100.00**

**Transaction ID : SA17.74010**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 03 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL LINEBAUGH**

Mailing Address **3118 KNIGHT LN.**

City State Zip Code  
**BAYTOWN TX 77521-2875**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF-EMPLOYED ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1100.00**

**Transaction ID : SA17.74371**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 19 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**Subtotal Of Receipts This Page** (optional).....▶ **1600.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JUDITH LISI**

Mailing Address **305 MCCORMICK STREET**

City State Zip Code  
**MT. PLEASANT SC 29464-5064**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**VILLAGE RESTORATION BUSINESS OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.75196**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 17 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**HSIU JU TENG LIU**

Mailing Address **6747 N. DURANT AVE.**

City State Zip Code  
**FRESNO CA 93711-1383**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**FRESNO CITY COLLEGE TEACHER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**600.00**

**Transaction ID : SA17.73440**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 07 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**HSIU JU TENG LIU**

Mailing Address **6747 N. DURANT AVE.**

City State Zip Code  
**FRESNO CA 93711-1383**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**FRESNO CITY COLLEGE TEACHER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**600.00**

**Transaction ID : SA17.73718**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 05 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page** (optional)..... **800.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**HSIU JU TENG LIU**

Mailing Address **6747 N. DURANT AVE.**

City	State	Zip Code
FRESNO	CA	93711-1383

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FRESNO CITY COLLEGE	TEACHER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 600.00

**Transaction ID : SA17.74855**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. BARBARA F. LIVINGSTON**

Mailing Address **P.O. BOX 5181**

City	State	Zip Code
WEST COLUMBIA	SC	29171-5181

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
GREGORY ELECTRIC CO. INC.	DIRECTOR OF HUMAN RESOURCES

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.75537**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**HON. ROBERT E. LIVINGSTON JR.**

Mailing Address **P.O. BOX 5181**

City	State	Zip Code
WEST COLUMBIA	SC	29171-5181

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
GREGORY ELECTRIC, INC.	PRESIDENT & CEO

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.75540**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 2050.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RANDALL L. LOCKLAIR**

Mailing Address **669 FERNWOOD RD.**

City **MURRELLS INLET** State **SC** Zip Code **29576-7767**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STARWOOD NURSERY** Occupation **CONTRACTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **500.00**

**Transaction ID : SA17.75510**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **500.00**

**B.** Full Name (Last, First, Middle Initial)  
**RONALD LONERO**

Mailing Address **907 AUGUSTA CIRCLE**

City **MOUNT LAUREL** State **NJ** Zip Code **08054-2756**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **SELF-EMPLOYED**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **350.00**

**Transaction ID : SA17.73428**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **50.00**

**C.** Full Name (Last, First, Middle Initial)  
**RONALD LONERO**

Mailing Address **907 AUGUSTA CIRCLE**

City **MOUNT LAUREL** State **NJ** Zip Code **08054-2756**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **SELF-EMPLOYED**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **350.00**

**Transaction ID : SA17.74653**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **100.00**

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ **650.00**

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**RONALD LONERO**

Mailing Address **907 AUGUSTA CIRCLE**

City **MOUNT LAUREL** State **NJ** Zip Code **08054-2756**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **SELF-EMPLOYED**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**350.00**

**Transaction ID : SA17.74957**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 29 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ANNE OSBORNE LONG**

Mailing Address **239 BEAUTY BERRY COURT**

City **JOHNS ISLAND** State **SC** Zip Code **29455-5827**

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 ▼  
**2000.00**

**Transaction ID : SA17.71925**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 09 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**PAUL LOWE**

Mailing Address **701 LANCELOT DR.**

City **FLORENCE** State **SC** Zip Code **29505-3616**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOPE HEALTH, INC** Occupation **PSYCHIATRIST**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.74727**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 21 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional)..... **3100.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DONALD L. LUCAS**

Mailing Address 200 CAMINO AGUAJITO STE. 300

City State Zip Code  
MONTEREY CA 93940-3372

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 ▼  
2700.00

**Transaction ID : SA17.69296**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DONALD L. LUCAS**

Mailing Address 200 CAMINO AGUAJITO STE. 300

City State Zip Code  
MONTEREY CA 93940-3372

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 ▼  
2700.00

**Transaction ID : SA17.B73048**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-1000.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**SALLY LUCAS**

Mailing Address 200 CAMINO AGUAJITO  
STE 300

City State Zip Code  
MONTEREY CA 93940-3372

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED DESIGNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.B73047**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

Subtotal Of Receipts This Page (optional)..... **0.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**YANA LUKEMAN**

Mailing Address **853 SEVENTH AVENUE**

City State Zip Code  
**NEW YORK NY 10019-5215**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**HOMEMAKER HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1500.00**

**Transaction ID : SA17.73132**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 22 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1500.00**

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES LUREY**

Mailing Address **224 COTTON DIKE ROAD**

City State Zip Code  
**SAINT HELENA ISLAN SC 29920-3803**

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 ▼  
**600.00**

**Transaction ID : SA17.74000**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 03 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES LUREY**

Mailing Address **224 COTTON DIKE ROAD**

City State Zip Code  
**SAINT HELENA ISLAN SC 29920-3803**

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 ▼  
**600.00**

**Transaction ID : SA17.74495**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 25 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**Subtotal Of Receipts This Page** (optional)..... **1625.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES LUREY**

Mailing Address **224 COTTON DIKE ROAD**

City State Zip Code  
**SAINT HELENA ISLAN SC 29920-3803**

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 ▼  
**600.00**

**Transaction ID : SA17.75137**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 19 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**DR. LOUIS B. LYNN**

Mailing Address **85 OLDE SPRINGS ROAD**

City State Zip Code  
**COLUMBIA SC 29223-6002**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**ENVIRO AGSCIENCE, INC CONSTRUCTION**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2000.00**

**Transaction ID : SA17.73849**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 17 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**JOHN MACNAIR**

Mailing Address **5610 WISCONSIN AVE  
1509**

City State Zip Code  
**CHEVY CHASE MD 20815-4415**

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 ▼  
**600.00**

**Transaction ID : SA17.75430**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 23 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page** (optional)..... **550.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES D. MAIDEN**

Mailing Address **8771 OAKWOOD STREET**

City State Zip Code  
**WESTMINSTER CO 80031-3623**

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 ▼  
**225.00**

**Transaction ID : SA17.75000**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**75.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS. EMORY S. MAIN**

Mailing Address **13 JOHNSON RD.**

City State Zip Code  
**CHARLESTON SC 29407-7514**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**MAIN WATERS MANAGEMENT PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.74392**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**REBECCA LYNN MANN**

Mailing Address **7 STONECUTTER LANE**

City State Zip Code  
**TAYLORS SC 29687-4039**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**GREENVILLE COUNTY SCHOOLS PROGRAM DIRECTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1025.00**

**Transaction ID : SA17.74858**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**Subtotal Of Receipts This Page** (optional)..... **1100.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ALAN C. MARGOLIN**

Mailing Address **29 CHURCH LANE**

City State Zip Code  
**SCARSDALE NY 10583-2909**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.73105**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 22 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. KEVIN B. MARSH**

Mailing Address **1003 STEEPLE RIDGE ROAD**

City State Zip Code  
**IRMO SC 29063-9238**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SCANA CORP. CHAIRMAN & CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.73855**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 17 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT H. MARSH**

Mailing Address **308 WEST STREET NW**

City State Zip Code  
**VIENNA VA 22180-4151**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**THE OB C GROUP, LLC PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.72964**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 16 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page** (optional)..... **1250.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**BECKY R. MARTIN**

Mailing Address 1103 HUNTERS TRAIL

City	State	Zip Code
ANDERSON	SC	29625-5851

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
S C	RETIRED LEGISLATOR

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73419**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**BECKY R. MARTIN**

Mailing Address 1103 HUNTERS TRAIL

City	State	Zip Code
ANDERSON	SC	29625-5851

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
S C	RETIRED LEGISLATOR

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74526**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**BECKY R. MARTIN**

Mailing Address 1103 HUNTERS TRAIL

City	State	Zip Code
ANDERSON	SC	29625-5851

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
S C	RETIRED LEGISLATOR

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74948**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DAVID MARVENTANO</b>		<b>Transaction ID : SA17.72999</b>	
Mailing Address <b>2419 N. LINCOLN ST.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2015	
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22207-5021</b>	
FEC ID number of contributing federal political committee. <b>C</b>		<b>CONTRIBUTION</b>	
Name of Employer <b>FLUOR CORPORATION</b>		Occupation <b>GOVERNMENT RELATIONS</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1000.00	
		Amount of Each Receipt this Period _____ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MRS. BARBARA MASSMAN</b>		<b>Transaction ID : SA17.75252</b>	
Mailing Address <b>5508 TANBARK ROAD</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2015	
City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75229-5559</b>	
FEC ID number of contributing federal political committee. <b>C</b>		<b>CONTRIBUTION</b>	
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1500.00	
		Amount of Each Receipt this Period _____ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>MRS. CHARLOTTE H. MATITYAHU</b>		<b>Transaction ID : SA17.69797</b>	
Mailing Address <b>445 LAMBERT AVENUE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2015	
City <b>PALO ALTO</b>	State <b>CA</b>	Zip Code <b>94306-2220</b>	
FEC ID number of contributing federal political committee. <b>C</b>		<b>CONTRIBUTION</b>	
Name of Employer <b>INFORMATION REQUESTED PER BEST EFFORTS</b>		Occupation <b>INFORMATION REQUESTED PER BEST EFFORTS</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 5400.00	
		Amount of Each Receipt this Period _____ 8100.00	
<b>[MEMO ITEM]</b>			

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 2000.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CHARLOTTE H. MATITYAHU**

Mailing Address **445 LAMBERT AVENUE**

City **PALO ALTO** State **CA** Zip Code **94306-2220**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS** Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.B73118**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]**  
**REATTRIBUTION TO SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**ELDAD MATITYAHU**

Mailing Address **445 LAMBERT AVENUE**

City **PALO ALTO** State **CA** Zip Code **94306-2220**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS** Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.B73117**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**  
**REATTRIBUTION FROM SPOUSE**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CHARLOTTE H. MATITYAHU**

Mailing Address **445 LAMBERT AVENUE**

City **PALO ALTO** State **CA** Zip Code **94306-2220**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS** Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.73118**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**5400.00**

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional).....▶ **0.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CHARLOTTE H. MATITYAHU**

Mailing Address 445 LAMBERT AVENUE

City State Zip Code  
PALO ALTO CA 94306-2220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73118B**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CHARLOTTE H. MATITYAHU**

Mailing Address 445 LAMBERT AVENUE

City State Zip Code  
PALO ALTO CA 94306-2220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73120**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**GARLAND BROWN MATTOX**

Mailing Address 15 HALIDON ROAD

City State Zip Code  
GREENVILLE SC 29607-3611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.74749**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 250.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**DR. WILLIAM T. MAXSON**

Mailing Address 1076 SPURLOCK LANE

City State Zip Code  
NICHOLASVILLE KY 40356-9230

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 ▼  
1525.00

**Transaction ID : SA17.73227**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**DR. WILLIAM T. MAXSON**

Mailing Address 1076 SPURLOCK LANE

City State Zip Code  
NICHOLASVILLE KY 40356-9230

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 ▼  
1525.00

**Transaction ID : SA17.74158**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. WILLIAM T. MAXSON**

Mailing Address 1076 SPURLOCK LANE

City State Zip Code  
NICHOLASVILLE KY 40356-9230

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 ▼  
1525.00

**Transaction ID : SA17.74530**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 250.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**DR. WILLIAM T. MAXSON**

Mailing Address 1076 SPURLOCK LANE

City State Zip Code  
NICHOLASVILLE KY 40356-9230

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 ▼  
1525.00

**Transaction ID : SA17.74958**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**DR. WILLIAM T. MAXSON**

Mailing Address 1076 SPURLOCK LANE

City State Zip Code  
NICHOLASVILLE KY 40356-9230

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 ▼  
1525.00

**Transaction ID : SA17.74959**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. WILLIAM T. MAXSON**

Mailing Address 1076 SPURLOCK LANE

City State Zip Code  
NICHOLASVILLE KY 40356-9230

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 ▼  
1525.00

**Transaction ID : SA17.75424**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 225.00

**Total This Period** (last page this line number only).....▶





**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GILBERT H. MAYOR**

Mailing Address 53 SCHOOL HOUSE LANE

City MORRISTOWN State NJ Zip Code 07960-3323

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74722**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MARK MAZO**

Mailing Address 3719 CARDIFF ROAD

City CHEVY CHASE State MD Zip Code 20815-5943

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOGAN LOVELLS US LLP ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.73931**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL MCCALISTER**

Mailing Address 127 JULIAN DRIVE

City SENECA State SC Zip Code 29678-3810

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 ▼  
400.00

**Transaction ID : SA17.74920**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 1600.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PETER L. MCCALL JR.**

Mailing Address 3316 SOCIETY HILL ROAD

City State Zip Code  
SOCIETY HILL SC 29593-8201

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 ▼  
750.00

**Transaction ID : SA17.72955**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MICKEY MCCOY**

Mailing Address 12407 COLT CT

City State Zip Code  
MAGNOLIA TX 77354-4911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ONESOURCE BT MANAGING PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.75077**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**CHRIS MCGILLIVARY**

Mailing Address 1 BELMONT DRIVE

City State Zip Code  
BLUFFTON SC 29910-8801

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 ▼  
400.00

**Transaction ID : SA17.73999**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
200.00

**Subtotal Of Receipts This Page** (optional).....▶ 700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**RODGER MCGINNESS**

Mailing Address 1150 VALLEY VIEW DR

City State Zip Code  
BIG BEAR CITY CA 92314-9038

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 ▼  
225.00

**Transaction ID : SA17.74499**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. J. DANIEL MCGOWAN**

Mailing Address 1925 SE OLSON DRIVE

City State Zip Code  
WAUKEE IA 50263-8180

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
IOWA BANKING MAGAZINE PUBLISHER/OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74267**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL MCGOWAN**

Mailing Address 100 SOUTH EOLA DRIVE UNIT 510

City State Zip Code  
ORLANDO FL 32801-2892

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEPHRON PHARMACEUTICALS SALES DIRECTOR-INTERNATIONAL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.74211**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1525.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LINDA MCKEE**

Mailing Address 96 TREASURE LAKE

City State Zip Code  
DUBOIS PA 15801-9034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENN HIGHLANDS HEALTHCARE-DUBOIS CANCER REGISTRY ABSTRACTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

**Transaction ID : SA17.73571**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**LINDA MCKEE**

Mailing Address 96 TREASURE LAKE

City State Zip Code  
DUBOIS PA 15801-9034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PENN HIGHLANDS HEALTHCARE-DUBOIS CANCER REGISTRY ABSTRACTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

**Transaction ID : SA17.75079**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT A. MCKENZIE**

Mailing Address P.O. BOX 58

City State Zip Code  
COLUMBIA SC 29202-0058

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.72902**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 325.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. E. SMYTH MCKISSICK III**

Mailing Address 1611 PARKINS MILL RD

City: GREENVILLE      State: SC      Zip Code: 29607-3642

FEC ID number of contributing federal political committee.      **C**

Name of Employer: ALICE MANUFACTURING      Occupation: CEO

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2015     2016     2017     2018     2019     2020     2021     2022     2023     2024     2025     2026     2027     2028     2029     2030

5400.00

**Transaction ID : SA17.69742**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 0.00     100.00     200.00     300.00     400.00     500.00     600.00     700.00     800.00     900.00     1000.00     1100.00     1200.00     1300.00     1400.00     1500.00     1600.00     1700.00     1800.00     1900.00     2000.00     2100.00     2200.00     2300.00     2400.00     2500.00     2600.00     2700.00     2800.00     2900.00     3000.00     3100.00     3200.00     3300.00     3400.00     3500.00     3600.00     3700.00     3800.00     3900.00     4000.00     4100.00     4200.00     4300.00     4400.00     4500.00     4600.00     4700.00     4800.00     4900.00     5000.00     5100.00     5200.00     5300.00     5400.00     5500.00     5600.00     5700.00     5800.00     5900.00     6000.00     6100.00     6200.00     6300.00     6400.00     6500.00     6600.00     6700.00     6800.00     6900.00     7000.00     7100.00     7200.00     7300.00     7400.00     7500.00     7600.00     7700.00     7800.00     7900.00     8000.00     8100.00     8200.00     8300.00     8400.00     8500.00     8600.00     8700.00     8800.00     8900.00     9000.00     9100.00     9200.00     9300.00     9400.00     9500.00     9600.00     9700.00     9800.00     9900.00     10000.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. E. SMYTH MCKISSICK III**

Mailing Address 1611 PARKINS MILL RD

City: GREENVILLE      State: SC      Zip Code: 29607-3642

FEC ID number of contributing federal political committee.      **C**

Name of Employer: ALICE MANUFACTURING      Occupation: CEO

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2015     2016     2017     2018     2019     2020     2021     2022     2023     2024     2025     2026     2027     2028     2029     2030

5400.00

**Transaction ID : SA17.69742B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 0.00     100.00     200.00     300.00     400.00     500.00     600.00     700.00     800.00     900.00     1000.00     1100.00     1200.00     1300.00     1400.00     1500.00     1600.00     1700.00     1800.00     1900.00     2000.00     2100.00     2200.00     2300.00     2400.00     2500.00     2600.00     2700.00     2800.00     2900.00     3000.00     3100.00     3200.00     3300.00     3400.00     3500.00     3600.00     3700.00     3800.00     3900.00     4000.00     4100.00     4200.00     4300.00     4400.00     4500.00     4600.00     4700.00     4800.00     4900.00     5000.00     5100.00     5200.00     5300.00     5400.00     5500.00     5600.00     5700.00     5800.00     5900.00     6000.00     6100.00     6200.00     6300.00     6400.00     6500.00     6600.00     6700.00     6800.00     6900.00     7000.00     7100.00     7200.00     7300.00     7400.00     7500.00     7600.00     7700.00     7800.00     7900.00     8000.00     8100.00     8200.00     8300.00     8400.00     8500.00     8600.00     8700.00     8800.00     8900.00     9000.00     9100.00     9200.00     9300.00     9400.00     9500.00     9600.00     9700.00     9800.00     9900.00     10000.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. E. SMYTH MCKISSICK III**

Mailing Address 1611 PARKINS MILL RD

City: GREENVILLE      State: SC      Zip Code: 29607-3642

FEC ID number of contributing federal political committee.      **C**

Name of Employer: ALICE MANUFACTURING      Occupation: CEO

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2015     2016     2017     2018     2019     2020     2021     2022     2023     2024     2025     2026     2027     2028     2029     2030

5400.00

**Transaction ID : SA17.73077**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 0.00     100.00     200.00     300.00     400.00     500.00     600.00     700.00     800.00     900.00     1000.00     1100.00     1200.00     1300.00     1400.00     1500.00     1600.00     1700.00     1800.00     1900.00     2000.00     2100.00     2200.00     2300.00     2400.00     2500.00     2600.00     2700.00     2800.00     2900.00     3000.00     3100.00     3200.00     3300.00     3400.00     3500.00     3600.00     3700.00     3800.00     3900.00     4000.00     4100.00     4200.00     4300.00     4400.00     4500.00     4600.00     4700.00     4800.00     4900.00     5000.00     5100.00     5200.00     5300.00     5400.00     5500.00     5600.00     5700.00     5800.00     5900.00     6000.00     6100.00     6200.00     6300.00     6400.00     6500.00     6600.00     6700.00     6800.00     6900.00     7000.00     7100.00     7200.00     7300.00     7400.00     7500.00     7600.00     7700.00     7800.00     7900.00     8000.00     8100.00     8200.00     8300.00     8400.00     8500.00     8600.00     8700.00     8800.00     8900.00     9000.00     9100.00     9200.00     9300.00     9400.00     9500.00     9600.00     9700.00     9800.00     9900.00     10000.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....▶  0.00

**Total This Period** (last page this line number only).....▶  0.00

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARTHA W. MCKISSICK**

Mailing Address 1611 PARKINS MILL ROAD

City State Zip Code  
GREENVILLE SC 29607-3642

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69398**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MS. MARTHA W. MCKISSICK**

Mailing Address 1611 PARKINS MILL ROAD

City State Zip Code  
GREENVILLE SC 29607-3642

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69398B**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARTHA W. MCKISSICK**

Mailing Address 1611 PARKINS MILL ROAD

City State Zip Code  
GREENVILLE SC 29607-3642

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73079**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. IAN MCLEAN**

Mailing Address 5951 BILLINGS DR.

City State Zip Code  
LINCOLN NE 68516-5960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UNIVERSITY BOOKSTORE MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
525.00

**Transaction ID : SA17.74754**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
525.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. GERALD Y. MCNEELY**

Mailing Address 1931 STRAFFORD DR.

City State Zip Code  
LANCASTER SC 29720-8546

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 ▼  
280.00

**Transaction ID : SA17.73735**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. GERALD Y. MCNEELY**

Mailing Address 1931 STRAFFORD DR.

City State Zip Code  
LANCASTER SC 29720-8546

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 ▼  
280.00

**Transaction ID : SA17.75201**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 675.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL G. MCSHANE**

Mailing Address 1501 RAVENS POINT ROAD

City State Zip Code  
JOHNS ISLAND SC 29455-4733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNS ISLAND ENTERPRISES LLC PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

**Transaction ID : SA17.74785**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL G. MCSHANE**

Mailing Address 1501 RAVENS POINT ROAD

City State Zip Code  
JOHNS ISLAND SC 29455-4733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNS ISLAND ENTERPRISES LLC PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

**Transaction ID : SA17.75305**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. ANN FRAZIER MELTON**

Mailing Address 5 HOLLYHILL CT

City State Zip Code  
IRMO SC 29063-8266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED DEVELOPER/REALTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.75001**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 1500.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. AUDREY B. METIER**

Mailing Address 420 KENYON ROAD

City State Zip Code  
FORT DODGE IA 50501-5749

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

**Transaction ID : SA17.69853**

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. KYLE G. MICHEL**

Mailing Address 343 S CHIMNEY LN

City State Zip Code  
COLUMBIA SC 29209-1987

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.69889**

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY MILES**

Mailing Address 3420 VALLEY BROOK RD.

City State Zip Code  
NASHVILLE TN 37215-2021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THE MILES ORGANIZATION, INC. INSURANCE AGENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1050.00

**Transaction ID : SA17.74024**

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 1350.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY MILES**

Mailing Address 3420 VALLEY BROOK RD.

City State Zip Code  
NASHVILLE TN 37215-2021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THE MILES ORGANIZATION, INC. INSURANCE AGENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1050.00

**Transaction ID : SA17.74666**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. W. DANIEL MILES III**

Mailing Address 8566 HARBINGER COURT

City State Zip Code  
MONTGOMERY AL 36117-7416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74271**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL MILLER**

Mailing Address 10894 WILLOW HEIGHTS DRIVE

City State Zip Code  
LAS VEGAS NV 89135-1706

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 ▼  
1425.00

**Transaction ID : SA17.74532**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional)..... 700.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. FRED B. MILLER**

Mailing Address **12800 NE SALMON CREEK AVE.  
UNIT 107**

City **VANCOUVER** State **WA** Zip Code **98686-3024**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **LAWYER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.73717**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 05 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. FRED B. MILLER**

Mailing Address **12800 NE SALMON CREEK AVE.  
UNIT 107**

City **VANCOUVER** State **WA** Zip Code **98686-3024**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **LAWYER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.74654**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**DR. PHILIP MILLER M.D.**

Mailing Address **400 N.E., 12TH AVENUE  
308**

City **HALLANDALE BEACH** State **FL** Zip Code **33009-4510**

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 ▼  
**1475.00**

**Transaction ID : SA17.74531**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**Subtotal Of Receipts This Page** (optional)..... **150.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HARRY M. MIMS JR.**

Mailing Address 1095 PUTTER PATH ROAD

City State Zip Code  
ORANGEBURG SC 29118-4030

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 ▼  
300.00

**Transaction ID : SA17.69876**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SANDRA EARL MINTZ**

Mailing Address 2 E 88TH STREET

City State Zip Code  
NEW YORK NY 10128-0555

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED EDITOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.72945**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**LARRY A. MIZEL**

Mailing Address 4350 S. MONACO ST  
FL 5

City State Zip Code  
DENVER CO 80237-3400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MDC HOLDINGS CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.68767**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5400.00

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional).....▶ 800.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LARRY A. MIZEL**

Mailing Address 4350 S. MONACO ST  
FL 5

City State Zip Code  
DENVER CO 80237-3400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MDC HOLDINGS CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.68767B**

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**LARRY A. MIZEL**

Mailing Address 4350 S. MONACO ST  
FL 5

City State Zip Code  
DENVER CO 80237-3400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MDC HOLDINGS CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.74429**

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MRS. BETTY JAMES MONTGOMERY**

Mailing Address 40 OAKS FARM

City State Zip Code  
CAMPOBELLO SC 29322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MONTGOMERY IND. CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.74410**

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1000.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 286 / 862

16  17a  17b  17c  17d  18  
 19a  19b  20a  20b  20c  21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

**A. Full Name (Last, First, Middle Initial)**

MR. JOHN D. MONTGOMERY

Mailing Address 1445 THORNWOOD DR.

City	State	Zip Code
SPARTANBURG	SC	29302-3346

FEC ID number of contributing federal political committee.

C

Name of Employer  
PACOLET MILLIKEN ENTERPRISESOccupation  
VICE PRESIDENT

Receipt For: 2016

 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.74209**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08		/	26		/	2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**B. Full Name (Last, First, Middle Initial)**

MR. ROBERT C. MOORHEAD

Mailing Address 210 S. GRANARD STREET

City	State	Zip Code
GAFFNEY	SC	29341-2347

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

**Transaction ID : SA17.67160**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06		/	10		/	2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]****C. Full Name (Last, First, Middle Initial)**

MR. ROBERT C. MOORHEAD

Mailing Address 210 S. GRANARD STREET

City	State	Zip Code
GAFFNEY	SC	29341-2347

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

**Transaction ID : SA17.67160B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07		/	22		/	2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

-800.00

**[MEMO ITEM]**

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page (optional)**.....▶

2700.00

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT C. MOORHEAD**

Mailing Address **210 S. GRANARD STREET**

City **GAFFNEY** State **SC** Zip Code **29341-2347**

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 ▼  
**3500.00**

**Transaction ID : SA17.73111**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**800.00**

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**DAN MOSKOWITZ**

Mailing Address **11 PILGRIM RD**

City **RYE** State **NY** Zip Code **10580-1922**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ENT ASSOC.** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**4600.00**

**Transaction ID : SA17.73003**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**DAN MOSKOWITZ**

Mailing Address **11 PILGRIM RD**

City **RYE** State **NY** Zip Code **10580-1922**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ENT ASSOC.** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**4600.00**

**Transaction ID : SA17.73003B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-1000.00**

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page** (optional).....▶ **1000.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 288 / 862

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>DAN MOSKOWITZ</b>		<b>Transaction ID : SA17.74703</b>	
Mailing Address <b>11 PILGRIM RD</b>		Date of Receipt M M / D D / Y Y Y Y <b>09 / 01 / 2015</b>	
City <b>RYE</b>	State <b>NY</b>	Zip Code <b>10580-1922</b>	<b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1000.00</b>		
Name of Employer <b>ENT ASSOC.</b>	Occupation <b>PHYSICIAN</b>	<b>[MEMO ITEM]</b> <b>REDESIGNATION FROM PRIMARY</b>	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>4600.00</b>		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>DAN MOSKOWITZ</b>		<b>Transaction ID : SA17.73007</b>	
Mailing Address <b>11 PILGRIM RD</b>		Date of Receipt M M / D D / Y Y Y Y <b>07 / 15 / 2015</b>	
City <b>RYE</b>	State <b>NY</b>	Zip Code <b>10580-1922</b>	<b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1000.00</b>		
Name of Employer <b>ENT ASSOC.</b>	Occupation <b>PHYSICIAN</b>	<b>[MEMO ITEM]</b> <b>REDESIGNATION TO GENERAL</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>4600.00</b>		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>DAN MOSKOWITZ</b>		<b>Transaction ID : SA17.73007B</b>	
Mailing Address <b>11 PILGRIM RD</b>		Date of Receipt M M / D D / Y Y Y Y <b>09 / 01 / 2015</b>	
City <b>RYE</b>	State <b>NY</b>	Zip Code <b>10580-1922</b>	<b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>-900.00</b>		
Name of Employer <b>ENT ASSOC.</b>	Occupation <b>PHYSICIAN</b>	<b>[MEMO ITEM]</b> <b>REDESIGNATION TO GENERAL</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>4600.00</b>		

**Subtotal Of Receipts This Page** (optional).....▶ **1000.00**

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**DAN MOSKOWITZ**

Mailing Address 11 PILGRIM RD

City	State	Zip Code
RYE	NY	10580-1922

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ENT ASSOC.	PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74705**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD W. MULLINS JR.**

Mailing Address P.O. BOX 11070

City	State	Zip Code
COLUMBIA	SC	29211-1070

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NELSON, MULLINS ET AL.	ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73486**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**M. STEWART MUNGO**

Mailing Address 441 WESTERN LN.

City	State	Zip Code
IRMO	SC	29063-9230

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MUNGO HOMES	HOME BUILDER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73483**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. IAN P. MUSSELMAN**

Mailing Address 720 6TH STREET NE

City State Zip Code  
WASHINGTON DC 20002-4651

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CONTINENTAL AUTOMOTIVE SYSTEMS, INC DIRECTOR GOVERNMENT AFFAIRS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.72957**

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE WESTON NALLEY JR.**

Mailing Address 1416 POWDERSVILLE RD

City State Zip Code  
EASLEY SC 29642-3548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NALLEY CONSTRUCTION COMPANY REAL ESTATE DEVELOPER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.69260**

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE WESTON NALLEY JR.**

Mailing Address 1416 POWDERSVILLE RD

City State Zip Code  
EASLEY SC 29642-3548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NALLEY CONSTRUCTION COMPANY REAL ESTATE DEVELOPER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.69260B**

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 2700.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE WESTON NALLEY JR.**

Mailing Address 1416 POWDERSVILLE RD

City EASLEY State SC Zip Code 29642-3548

FEC ID number of contributing federal political committee. **C**

Name of Employer NALLEY CONSTRUCTION COMPANY Occupation REAL ESTATE DEVELOPER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.74289**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**HARING NAUTA**

Mailing Address 7936 213TH ST E

City BRADENTON State FL Zip Code 34202-6300

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF LOUISVILLE Occupation NEUROSURGEON

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : SA17.73239**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID H. NELSON**

Mailing Address 4048 W. PELICAN LANE

City FLORENCE State SC Zip Code 29501-8405

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 ▼  
400.00

**Transaction ID : SA17.72931**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 14 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
100.00

Subtotal Of Receipts This Page (optional).....▶ 200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES B. NICHOLSON**

Mailing Address 10900 HARPER AVE

City State Zip Code  
DETROIT MI 48213-3364

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PVS CHEMICALS, INC. CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73886**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES B. NICHOLSON**

Mailing Address 10900 HARPER AVE

City State Zip Code  
DETROIT MI 48213-3364

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PVS CHEMICALS, INC. CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73886B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES B. NICHOLSON**

Mailing Address 10900 HARPER AVE

City State Zip Code  
DETROIT MI 48213-3364

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PVS CHEMICALS, INC. CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73891**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ERIC NISHIZAWA**

Mailing Address 13924 MARQUESAS WAY  
2116

City State Zip Code  
MARINA DEL REY CA 90292-6019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LAW OFFICES OF ERIC Y. NISHIZAWA ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
650.00

**Transaction ID : SA17.74328**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**ERIC NISHZIAWA**

Mailing Address 13924 MARQUESAS WAY

City State Zip Code  
MARINA DEL REY CA 90292-6041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED LAWYER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74386**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Laurie Nordone**

Mailing Address 51 LINCOLN AVE

City State Zip Code  
PISCATAWAY NJ 08854-4865

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ONEBEACON INSURANCE GROUP INSURANCE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1480.00

**Transaction ID : SA17.73213**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 1100.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LAURIE NORDONE**

Mailing Address 51 LINCOLN AVE

City PISCATAWAY State NJ Zip Code 08854-4865

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ONEBEACON INSURANCE GROUP

Occupation  
INSURANCE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1480.00

**Transaction ID : SA17.73214**

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**LAURIE NORDONE**

Mailing Address 51 LINCOLN AVE

City PISCATAWAY State NJ Zip Code 08854-4865

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ONEBEACON INSURANCE GROUP

Occupation  
INSURANCE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1480.00

**Transaction ID : SA17.73590**

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**LAURIE NORDONE**

Mailing Address 51 LINCOLN AVE

City PISCATAWAY State NJ Zip Code 08854-4865

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ONEBEACON INSURANCE GROUP

Occupation  
INSURANCE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1480.00

**Transaction ID : SA17.73943**

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 450.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LAURIE NORDONE**

Mailing Address **51 LINCOLN AVE**

City **PISCATAWAY** State **NJ** Zip Code **08854-4865**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**ONEBEACON INSURANCE GROUP**

Occupation  
**INSURANCE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1480.00**

**Transaction ID : SA17.74076**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**LAURIE NORDONE**

Mailing Address **51 LINCOLN AVE**

City **PISCATAWAY** State **NJ** Zip Code **08854-4865**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**ONEBEACON INSURANCE GROUP**

Occupation  
**INSURANCE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1480.00**

**Transaction ID : SA17.74464**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**LAURIE NORDONE**

Mailing Address **51 LINCOLN AVE**

City **PISCATAWAY** State **NJ** Zip Code **08854-4865**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**ONEBEACON INSURANCE GROUP**

Occupation  
**INSURANCE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1480.00**

**Transaction ID : SA17.74465**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**Subtotal Of Receipts This Page** (optional).....▶ **350.00**

**Total This Period** (last page this line number only).....▶





**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LAURIE NORDONE**

Mailing Address 51 LINCOLN AVE

City PISCATAWAY State NJ Zip Code 08854-4865

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ONEBEACON INSURANCE GROUP

Occupation  
INSURANCE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1480.00

**Transaction ID : SA17.75076**

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**LAURIE NORDONE**

Mailing Address 51 LINCOLN AVE

City PISCATAWAY State NJ Zip Code 08854-4865

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ONEBEACON INSURANCE GROUP

Occupation  
INSURANCE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1480.00

**Transaction ID : SA17.75326**

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
**MARILYN C. NORTON**

Mailing Address 108 LLOYD STREET

City SENECA State SC Zip Code 29678-2616

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

**Transaction ID : SA17.74144**

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional)..... 380.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MARILYN C. NORTON**

Mailing Address 108 LLOYD STREET

City State Zip Code  
SENECA SC 29678-2616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74922**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**TIMOTHY NORWOOD**

Mailing Address 501 CAMELLIA CIRCLE

City State Zip Code  
FLORENCE SC 29501-5771

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VICTORS BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6400.00

**Transaction ID : SA17.74382**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**TIMOTHY NORWOOD**

Mailing Address 501 CAMELLIA CIRCLE

City State Zip Code  
FLORENCE SC 29501-5771

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VICTORS BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6400.00

**Transaction ID : SA17.74833**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**Subtotal Of Receipts This Page** (optional).....▶ 3800.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**TIMOTHY NORWOOD**

Mailing Address **501 CAMELLIA CIRCLE**

City **FLORENCE** State **SC** Zip Code **29501-5771**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VICTORS** Occupation **BUSINESS OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**6400.00**

**Transaction ID : SA17.75218**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS E. O'BRIEN**

Mailing Address **36 CHAPEL ST**

City **CHARLESTON** State **SC** Zip Code **29403-6318**

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**

**Transaction ID : SA17.75499**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES A. O'NEAL**

Mailing Address **4217 HIGHWAY 38 S.**

City **BLENHEIM** State **SC** Zip Code **29516-6536**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **FARMER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**400.00**

**Transaction ID : SA17.69966**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**200.00**

**Subtotal Of Receipts This Page** (optional).....▶ **3900.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES S. O'NEAL**

Mailing Address 1159 ANNELLE DR

City	State	Zip Code
FLORENCE	SC	29505-6356

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73733**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			07			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL L. O'SHAUGNESSY**

Mailing Address 9820 SKY LANE

City	State	Zip Code
EDEN PRAIRIE	MN	55347-3800

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73490**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. CORRY W. OAKES III**

Mailing Address 509 SHERWOOD CIR

City	State	Zip Code
SPARTANBURG	SC	29302-2719

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
OTO DEVELOPMENT	PRESIDENT & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74405**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MARK ODERMAN**

Mailing Address **8 ROLLESTON ROAD**

City State Zip Code  
**MARBLEHEAD MA 01945-2714**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**CSP ASSOCIATES, INC. CONSULTING**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.74053**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 13 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**FARNAZ OURIAN**

Mailing Address **5440 LINDLEY AVENUE, #113**

City State Zip Code  
**ENCINO CA 91316-1927**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**MUFG UNION BANK CPA- VP INTERNAL AUDIT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.73721A**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 04 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

CHARGED BACK \$2,700.00 ON 08/06/2015

**C.** Full Name (Last, First, Middle Initial)  
**FARNAZ OURIAN**

Mailing Address **5440 LINDLEY AVENUE, #113**

City State Zip Code  
**ENCINO CA 91316-1927**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**MUFG UNION BANK CPA- VP INTERNAL AUDIT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.73721B**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 06 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2700.00**

CHARGED BACK

**Subtotal Of Receipts This Page** (optional)..... **2700.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SAMUEL W. OUTTEN**

Mailing Address 104 S. MAIN STREET  
9TH FLOOR

City State Zip Code  
GREENVILLE SC 29601-2711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NELSON MULLINS LAWYER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.73863**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. W. DONALD OWENS**

Mailing Address 250 LAUREL ROAD

City State Zip Code  
GREER SC 29651-1725

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

**Transaction ID : SA17.69860**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. W. DONALD OWENS**

Mailing Address 250 LAUREL ROAD

City State Zip Code  
GREER SC 29651-1725

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

**Transaction ID : SA17.73734**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 1100.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**DIANE M. PADEL FORD**

Mailing Address 18104 S SUMMER AVE

City State Zip Code  
ARTESIA CA 90701-3913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UNEMPLOYED UNEMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1025.00

**Transaction ID : SA17.73448**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**DIANE M. PADEL FORD**

Mailing Address 18104 S SUMMER AVE

City State Zip Code  
ARTESIA CA 90701-3913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UNEMPLOYED UNEMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1025.00

**Transaction ID : SA17.73449**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**DIANE M. PADEL FORD**

Mailing Address 18104 S SUMMER AVE

City State Zip Code  
ARTESIA CA 90701-3913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UNEMPLOYED UNEMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1025.00

**Transaction ID : SA17.74668**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
150.00

**Subtotal Of Receipts This Page** (optional).....▶ 700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD P. PADGETT**

Mailing Address 7640 JOE ALLEN DR.

City State Zip Code  
BEAUFORT SC 29906-9752

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BOSTICK, BOWERS ET AL CONVENIENCE STORE OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75247**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MS. JACKIE D. PALMER**

Mailing Address 1 LEICHESTER ROAD

City State Zip Code  
CHARLESTON SC 29407-3404

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74383**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**KATELYN PALOMO**

Mailing Address 446 STURGES RD

City State Zip Code  
FAIRFIELD CT 06824-2851

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75546**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM PANNILL**

Mailing Address 3709 PIPING ROCK LN.

City HOUSTON State TX Zip Code 77027-4031

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation LAWYER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.74183**

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM PANNILL**

Mailing Address 3709 PIPING ROCK LN.

City HOUSTON State TX Zip Code 77027-4031

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation LAWYER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.75534**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**LUCIEN PAPOUCHADO**

Mailing Address 7 BURGUNDY ROAD SW

City AIKEN State SC Zip Code 29801-2893

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 ▼  
1275.00

**Transaction ID : SA17.74507**

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 525.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**IVOR PARDEE**

Mailing Address 4431 S KING RD

City State Zip Code  
GREER SC 29651-4729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LOCKHEED MARTIN CONTRACTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

**Transaction ID : SA17.74455**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**BRENDAN PARETS**

Mailing Address 425 L STREET, NW  
APARTMENT 1326

City State Zip Code  
WASHINGTON DC 20001-2873

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LINDSEY GRAHAM 2016 COUNSEL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

**Transaction ID : SA17.75217**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**GARY M. PARSONS**

Mailing Address 11009 STANMORE DR

City State Zip Code  
POTOMAC MD 20854-1526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
COLUMBIA CAPITAL VENTURE CAPITALIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.73801**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 3000.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**DR. LAURENCE E. PAUL**

Mailing Address **331 N. CLIFFWOOD AVENUE**

City	State	Zip Code
LOS ANGELES	CA	90049-2617

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LAUREL CROWN CAPITAL, LLC	PRINCIPAL

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5400.00

**Transaction ID : SA17.69202**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
06		/	26		/	2015			

CONTRIBUTION

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**DR. LAURENCE E. PAUL**

Mailing Address **331 N. CLIFFWOOD AVENUE**

City	State	Zip Code
LOS ANGELES	CA	90049-2617

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LAUREL CROWN CAPITAL, LLC	PRINCIPAL

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5400.00

**Transaction ID : SA17.69202B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07		/	31		/	2015			

CONTRIBUTION

Amount of Each Receipt this Period  
 \_\_\_\_\_ -2700.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**DR. LAURENCE E. PAUL**

Mailing Address **331 N. CLIFFWOOD AVENUE**

City	State	Zip Code
LOS ANGELES	CA	90049-2617

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LAUREL CROWN CAPITAL, LLC	PRINCIPAL

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5400.00

**Transaction ID : SA17.73722**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07		/	31		/	2015			

CONTRIBUTION

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

Subtotal Of Receipts This Page (optional).....▶ \_\_\_\_\_ 0.00

Total This Period (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**SCOTT PEARL**

Mailing Address **60 WEST 23RD STREET**

City **NEW YORK** State **NY** Zip Code **10010-5283**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SGP INVEST** Occupation **INVESTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.73002**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS. RACHEL T. PEARSON**

Mailing Address **2354 N. LINCOLN ST.  
APARTMENT 3**

City **ARLINGTON** State **VA** Zip Code **22207-3862**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PEARSON & ASSOCIATES** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2500.00**

**Transaction ID : SA17.72967**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS. RACHEL T. PEARSON**

Mailing Address **2354 N. LINCOLN ST.  
APARTMENT 3**

City **ARLINGTON** State **VA** Zip Code **22207-3862**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PEARSON & ASSOCIATES** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2500.00**

**Transaction ID : SA17.75543**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional).....▶ **2500.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ALLAN L. PECK**

Mailing Address **INFO REQUESTED**

City State Zip Code  
**INFO REQUESTED XX 99999**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.73822**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 17 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. HARRY C. PEDDICORD**

Mailing Address **240 MCKENDREE LANE**

City State Zip Code  
**MYRTLE BEACH SC 29579-6399**

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 ▼  
**300.00**

**Transaction ID : SA17.73626**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 04 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**PAUL J. PENNOCK**

Mailing Address **299 PAVONIA AVE., APT. 2-10**

City State Zip Code  
**JERSEY CITY NJ 07302-1545**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**WEITZ & LUXENBERG ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**4600.00**

**Transaction ID : SA17.67319**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 11 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**4600.00**

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional)..... **350.00**

**Total This Period** (last page this line number only).....



# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RUSSEL S. PERGAMENT**

Mailing Address **37 HOLLY ROAD**

City **WABAN** State **MA** Zip Code **02468-1411**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **BUSINESSMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2010.00**

**Transaction ID : SA17.74726**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. RUSSEL S. PERGAMENT**

Mailing Address **37 HOLLY ROAD**

City **WABAN** State **MA** Zip Code **02468-1411**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **BUSINESSMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2010.00**

**Transaction ID : SA17.74962**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. RUSSEL S. PERGAMENT**

Mailing Address **37 HOLLY ROAD**

City **WABAN** State **MA** Zip Code **02468-1411**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **BUSINESSMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2010.00**

**Transaction ID : SA17.75455**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**160.00**

**Subtotal Of Receipts This Page** (optional).....▶ **310.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**BERNDT PERL**

Mailing Address 1016 FIFTH AVENUE

City State Zip Code  
NEW YORK NY 10028-0132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
APF REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.73004**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**BATSHEVA PETERS**

Mailing Address 69 BANK STREET

City State Zip Code  
NEW YORK NY 10014-2183

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73094**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5400.00

**C.** Full Name (Last, First, Middle Initial)  
**BATSHEVA PETERS**

Mailing Address 69 BANK STREET

City State Zip Code  
NEW YORK NY 10014-2183

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73094B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional)..... 8100.00

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**BATSHEVA PETERS**

Mailing Address **69 BANK STREET**

City **NEW YORK** State **NY** Zip Code **10014-2183**

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 ▼  
**5400.00**

**Transaction ID : SA17.75011**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARTIN K. PHALEN**

Mailing Address **1429 COUNTS FERRY ROAD**

City **LEXINGTON** State **SC** Zip Code **29072-8306**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SCE&G** Occupation **SENIOR VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.73850**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**JAMES H. PHILLIPS**

Mailing Address **101 BULL ST.**

City **CHARLESTON** State **SC** Zip Code **29401-1712**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.75180**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional)..... **1500.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT E. PHILLIPS**

Mailing Address 322 MIDDLE STREET

City State Zip Code  
MOUNT PLEASANT SC 29464-5059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2600.00

**Transaction ID : SA17.72979**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. REBECCA PHILPOT**

Mailing Address 10037 OLD WHITE HORSE RD.

City State Zip Code  
GREENVILLE SC 29617-6919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PHILPOT LAW FIRM, PA OFFICE MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.72911**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. E. L. POOSER JR.**

Mailing Address 104 REGATTA PT

City State Zip Code  
COLUMBIA SC 29212-8801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
IMIC HOTELS PRESIDENT & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1010.00

**Transaction ID : SA17.73842**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 3850.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. E. L. POOSER JR.**

Mailing Address 104 REGATTA PT

City	State	Zip Code
COLUMBIA	SC	29212-8801

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
IMIC HOTELS	PRESIDENT & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1010.00

**Transaction ID : SA17.74811**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID POSEK**

Mailing Address 274 DORAL DR.

City	State	Zip Code
PAWLEYS ISLAND	SC	29585-6782

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 ▼  
5400.00

**Transaction ID : SA17.74537**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID POSEK**

Mailing Address 274 DORAL DR.

City	State	Zip Code
PAWLEYS ISLAND	SC	29585-6782

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 ▼  
5400.00

**Transaction ID : SA17.74537B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-1000.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 1010.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID POSEK**

Mailing Address 274 DORAL DR.

City State Zip Code  
PAWLEYS ISLAND SC 29585-6782

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 ▼  
5400.00

**Transaction ID : SA17.75024**

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID POSEK**

Mailing Address 274 DORAL DR.

City State Zip Code  
PAWLEYS ISLAND SC 29585-6782

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 ▼  
5400.00

**Transaction ID : SA17.75507**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1700.00

**C.** Full Name (Last, First, Middle Initial)  
**GRAYSON POSEY**

Mailing Address 18 OAKMAN COURT WEST

City State Zip Code  
COLUMBIA SC 29209-5731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEPHRON PHARMACEUTICALS CORP MEDIA RELATIONS COORDINATOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
629.45

**Transaction ID : SA17.75236**

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
629.45

IN KIND

**Subtotal Of Receipts This Page (optional)**.....▶ 2329.45

**Total This Period (last page this line number only)**.....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ROBERTA C. POULOS**

Mailing Address 42 OKATIE PARK CIR E

City: RIDGELAND      State: SC      Zip Code: 29936-8051

FEC ID number of contributing federal political committee:

Name of Employer: RETIRED      Occupation: RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74746**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**JOHN POWELL**

Mailing Address P.O. BOX 152975

City: AUSTIN      State: TX      Zip Code: 78715-2975

FEC ID number of contributing federal political committee:

Name of Employer: CITY OF AUSTIN      Occupation: CIVIL ENGINEER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73597**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**M.J. POWELL**

Mailing Address 339 RODGERS RD

City: SENECA      State: SC      Zip Code: 29678-6239

FEC ID number of contributing federal political committee:

Name of Employer: RETIRED      Occupation: RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74536**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			25			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City State Zip Code  
HILTON HEAD SC 29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PUBLIX SUPERMARKETS PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.69886**

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City State Zip Code  
HILTON HEAD SC 29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PUBLIX SUPERMARKETS PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.73247**

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City State Zip Code  
HILTON HEAD SC 29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PUBLIX SUPERMARKETS PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.73946**

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 150.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City State Zip Code  
HILTON HEAD SC 29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PUBLIX SUPERMARKETS PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.73947**

Date of Receipt  
MM / DD / YYYY  
08 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City State Zip Code  
HILTON HEAD SC 29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PUBLIX SUPERMARKETS PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.74079**

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City State Zip Code  
HILTON HEAD SC 29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PUBLIX SUPERMARKETS PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.74080**

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 150.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City	State	Zip Code
HILTON HEAD	SC	29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PUBLIX SUPERMARKETS	PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.74081**

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City	State	Zip Code
HILTON HEAD	SC	29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PUBLIX SUPERMARKETS	PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.74338**

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City	State	Zip Code
HILTON HEAD	SC	29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PUBLIX SUPERMARKETS	PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.74468**

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 135.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City State Zip Code  
HILTON HEAD SC 29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PUBLIX SUPERMARKETS PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.74602**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City State Zip Code  
HILTON HEAD SC 29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PUBLIX SUPERMARKETS PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.74603**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City State Zip Code  
HILTON HEAD SC 29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PUBLIX SUPERMARKETS PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.74879**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 110.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City State Zip Code  
HILTON HEAD SC 29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PUBLIX SUPERMARKETS PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.74880**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City State Zip Code  
HILTON HEAD SC 29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PUBLIX SUPERMARKETS PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.74881**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City State Zip Code  
HILTON HEAD SC 29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PUBLIX SUPERMARKETS PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.75081**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 175.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City State Zip Code  
HILTON HEAD SC 29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PUBLIX SUPERMARKETS PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.75082**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RONALD POWER**

Mailing Address 40 ROYAL POINTE DRIVE

City State Zip Code  
HILTON HEAD SC 29926-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PUBLIX SUPERMARKETS PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1495.00

**Transaction ID : SA17.75517**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**TOMMY PRESTON**

Mailing Address 1230 MAIN ST #700

City State Zip Code  
COLUMBIA SC 29201-6220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BOEING DIRECTOR OF NATIONAL STRATEGY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.69654**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 525.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**GERALD PROUT**

Mailing Address 6206 SALLY FORD CT

City State Zip Code  
FAIRFAX STATION VA 22039-1347

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

**Transaction ID : SA17.73000**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. NORMAN F. PULLIAM**

Mailing Address 1150 WOODBURN RD.

City State Zip Code  
SPARTANBURG SC 29302-3411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PULLIAM INVESTMENT CO. CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.74414**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JAMES QUATTLEBAUM**

Mailing Address 2 BISHOP GADSDEN WAY  
1037

City State Zip Code  
CHARLESTON SC 29412-3579

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 ▼  
1600.00

**Transaction ID : SA17.74147**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 1750.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**SALMAN RABIE**

Mailing Address 1455 MONACO DR.

City State Zip Code  
PACIFIC PALISADES CA 90272-2724

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SJ ASSET MANAGEMENT INC. REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
550.00

**Transaction ID : SA17.73587**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**PATRICK RAFFANIELLO**

Mailing Address 1161 OLD GATE CT.

City State Zip Code  
MCLEAN VA 22102-2532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.74963**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. M. STEPHEN RASCH**

Mailing Address 11 MERRYWOOD LANE

City State Zip Code  
SHORT HILLS NJ 07078-2263

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LOEB, BLOCK & PARTNERS ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.73502**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 2100.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**REV. WILLIAM E. RATHMAN**

Mailing Address **19 MEADOWLARK LANE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29926-1371**

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 ▼  
**400.00**

**Transaction ID : SA17.72903**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**REV. WILLIAM E. RATHMAN**

Mailing Address **19 MEADOWLARK LANE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29926-1371**

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 ▼  
**400.00**

**Transaction ID : SA17.73727**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**REV. WILLIAM E. RATHMAN**

Mailing Address **19 MEADOWLARK LANE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29926-1371**

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 ▼  
**400.00**

**Transaction ID : SA17.74751**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**Subtotal Of Receipts This Page** (optional).....▶ **300.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**REV. WILLIAM E. RATHMAN**

Mailing Address **19 MEADOWLARK LANE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29926-1371**

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 ▼  
**400.00**

**Transaction ID : SA17.75249**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JACK L. RATLIFF**

Mailing Address **739 HAYNE AVENUE SW**

City **AIKEN** State **SC** Zip Code **29801-3816**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**300.00**

**Transaction ID : SA17.72978**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			16			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JACK L. RATLIFF**

Mailing Address **739 HAYNE AVENUE SW**

City **AIKEN** State **SC** Zip Code **29801-3816**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**300.00**

**Transaction ID : SA17.74185**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**200.00**

**Subtotal Of Receipts This Page** (optional)..... **400.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MS. DANA A. REAUD**

Mailing Address 511 LAKE CLIFF TRAIL

City State Zip Code  
AUSTIN TX 78746-4682

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.69904**

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**LAUREN S. REAUD**

Mailing Address 98 SAN JACINTO BLVD  
STE 1400

City State Zip Code  
AUSTIN TX 78701-4296

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PRIVATEER CAPITAL MANAGEMENT, LP CEO & CO-CIO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.71890**

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**LAUREN S. REAUD**

Mailing Address 98 SAN JACINTO BLVD  
STE 1400

City State Zip Code  
AUSTIN TX 78701-4296

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PRIVATEER CAPITAL MANAGEMENT, LP CEO & CO-CIO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.71890B**

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 2700.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A. Full Name (Last, First, Middle Initial)**

**LAUREN S. REAUD**

Mailing Address 98 SAN JACINTO BLVD  
STE 1400

City State Zip Code  
AUSTIN TX 78701-4296

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PRIVATEER CAPITAL MANAGEMENT, LP CEO & CO-CIO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73529**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**B. Full Name (Last, First, Middle Initial)**

**REAGAN REAUD**

Mailing Address 98 SAN JACINTO BLVD  
STE 1400

City State Zip Code  
AUSTIN TX 78701-4296

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PRIVATEER CAPITAL MANAGEMENT, LP CEO & CO-CIO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.71889**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**C. Full Name (Last, First, Middle Initial)**

**REAGAN REAUD**

Mailing Address 98 SAN JACINTO BLVD  
STE 1400

City State Zip Code  
AUSTIN TX 78701-4296

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PRIVATEER CAPITAL MANAGEMENT, LP CEO & CO-CIO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.71889B**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page (optional)**.....▶ 0.00

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**REAGAN REAUD**

Mailing Address **98 SAN JACINTO BLVD  
STE 1400**

City State Zip Code  
**AUSTIN TX 78701-4296**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**PRIVATEER CAPITAL MANAGEMENT, LP CEO & CO-CIO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

**Transaction ID : SA17.73528**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 30 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**B.** Full Name (Last, First, Middle Initial)  
**DAVID K. REYES**

Mailing Address **6250 N. RIVER RD., STE. 9000**

City State Zip Code  
**DES PLAINES IL 60018-4241**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**REYES HOLDINGS DIRECTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.73492**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 27 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**JOHN RICE**

Mailing Address **4200 WILDWOOD PARKWAY**

City State Zip Code  
**ATLANTA GA 30339-8402**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**GE VICE CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.74786**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 11 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional)..... **1500.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**URSULA RIGG**

Mailing Address 3 OCEAN WATCH

City	State	Zip Code
DAUFUSKIE ISLAND	SC	29915-9213

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75164**

Date of Receipt  
M M / D D / Y Y Y Y

**CONTRIBUTION**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL C. RIORDAN**

Mailing Address 101 WOODLAND WAY

City	State	Zip Code
GREENVILLE	SC	29601-3822

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GREENVILLE HOSPITAL SYSTEMS	PRESIDENT & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.68907**

Date of Receipt  
M M / D D / Y Y Y Y

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL C. RIORDAN**

Mailing Address 101 WOODLAND WAY

City	State	Zip Code
GREENVILLE	SC	29601-3822

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GREENVILLE HOSPITAL SYSTEMS	PRESIDENT & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.B73786**

Date of Receipt  
M M / D D / Y Y Y Y

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**

REATTRIBUTION TO SPOUSE

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>SUSAN S. RIORDAN</b> Mailing Address 101 WOODLAND WAY City GREENVILLE State SC Zip Code 29601-3822 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer HOMEMAKER Occupation HOMEMAKER Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2600.00"/>		<b>Transaction ID : SA17.B73785</b> Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2015 CONTRIBUTION Amount of Each Receipt this Period <input type="text" value="2600.00"/> <b>[MEMO ITEM]</b> REATTRIBUTION FROM SPOUSE
---	--	--

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. FRANK A. RISCH</b> Mailing Address 3540 COLGATE AVE City DALLAS State TX Zip Code 75225-5009 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : SA17.67578</b> Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2015 CONTRIBUTION Amount of Each Receipt this Period <input type="text" value="2351.00"/> <b>[MEMO ITEM]</b>
---	--	--

<b>C.</b> Full Name (Last, First, Middle Initial) <b>MR. FRANK A. RISCH</b> Mailing Address 3540 COLGATE AVE City DALLAS State TX Zip Code 75225-5009 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : SA17.A67578</b> Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2015 CONTRIBUTION Amount of Each Receipt this Period <input type="text" value="-2351.00"/> <b>[MEMO ITEM]</b> REATTRIBUTION TO SPOUSE
---	--	---

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**HELEN RISCH**

Mailing Address 3540 COLGATE AVE

City State Zip Code  
DALLAS TX 75225-5009

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 ▼  
2700.00

**Transaction ID : SA17.B73049**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2351.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MRS. DONNA L. RITTER**

Mailing Address 3122 FERN HILL COURT

City State Zip Code  
EDGEWATER MD 21037-2632

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 ▼  
1500.00

**Transaction ID : SA17.72981**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARTIN L. RITTER**

Mailing Address 3122 FERN HILL COURT

City State Zip Code  
EDGEWATER MD 21037-2632

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

**Transaction ID : SA17.72982**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 2500.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD L. ROBINSON**

Mailing Address 3200 CHERRY CREEK DR. S.

City DENVER State CO Zip Code 80209

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ROBINSON MANAGEMENT, LLC MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69997**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. ARTURO RODRIGUEZ**

Mailing Address 111 WILSON FARM ROAD

City EASTOVER State SC Zip Code 29044-8988

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73634**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. ARTURO RODRIGUEZ**

Mailing Address 111 WILSON FARM ROAD

City EASTOVER State SC Zip Code 29044-8988

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74730**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LISA B. ROEHR**

Mailing Address **5798 BROOKSTONE DRIVE**

City **CINCINNATI** State **OH** Zip Code **45230-3596**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

**Transaction ID : SA17.73679**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

250.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**MRS. HARRIET H. ROGERS**

Mailing Address **P.O. BOX 1129**

City **TRAVELERS REST** State **SC** Zip Code **29690-7038**

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**

**Transaction ID : SA17.73670**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

1000.00
---------

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES W. ROQUEMORE**

Mailing Address **3086 FIVE CHOP RD.**

City **CAMERON** State **SC** Zip Code **29030**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SUPER SOD** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2700.00**

**Transaction ID : SA17.75542**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

2700.00
---------

**Subtotal Of Receipts This Page** (optional).....▶ 

3950.00
---------

**Total This Period** (last page this line number only).....▶ 

--





**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD M. ROSENBERG**

Mailing Address 955 GREEN STREET

City State Zip Code  
SAN FRANCISCO CA 94133-5424

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 ▼  
2700.00

**Transaction ID : SA17.75544B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-500.00

**[MEMO ITEM]  
REATTRIBUTION TO SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**ROBIN L. ROSENZWEIG**

Mailing Address 1801 CENTURY PARK E. STE 2150

City State Zip Code  
LOS ANGELES CA 90067-2343

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.75548**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. MICHAEL L. ROSS**

Mailing Address 2901 FAIRVIEW ROAD

City State Zip Code  
RALEIGH NC 27608-1129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.73508**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 3700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LAURIE ROSSBACH**

Mailing Address **9 W MOUNT IDA AVENUE**

City State Zip Code  
**ALEXANDRIA VA 22305-2522**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**JDA FRONTLINE VICE PRESIDENT, COMMUNICATIONS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.69995**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 08 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JERRY S. ROTH**

Mailing Address **2429 ALAQUA DRIVE**

City State Zip Code  
**LONGWOOD FL 32779-3124**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**2500.00**

**Transaction ID : SA17.74236**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 26 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN W. ROWE**

Mailing Address **70 W. MADISON STE. 5770  
THREE FIRST NATIONAL**

City State Zip Code  
**CHICAGO IL 60602-4380**

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 ▼  
**5400.00**

**Transaction ID : SA17.73690**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 05 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**5400.00**

**Subtotal Of Receipts This Page** (optional)..... **8150.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN W. ROWE**

Mailing Address **70 W. MADISON STE. 5770  
THREE FIRST NATIONAL**

City **CHICAGO** State **IL** Zip Code **60602-4380**

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 ▼  
**5400.00**

**Transaction ID : SA17.73690B**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN W. ROWE**

Mailing Address **70 W. MADISON STE. 5770  
THREE FIRST NATIONAL**

City **CHICAGO** State **IL** Zip Code **60602-4380**

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 ▼  
**5400.00**

**Transaction ID : SA17.73763**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER RUDDY**

Mailing Address **560 VILLAGE BLVD., SUITE 120**

City **WEST PALM BEACH** State **FL** Zip Code **33409-1963**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NEWSMAX MEDIA, INC.** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.73607**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**Subtotal Of Receipts This Page** (optional)..... **2700.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD RUDY**

Mailing Address 101 S. WESTON LANE

City State Zip Code  
AUSTIN TX 78733-4211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BASCO EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73001**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5400.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. PATRICIA B. RUPPRECHT**

Mailing Address 601 ROYALE CT

City State Zip Code  
TROY NY 12180-8537

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 ▼  
800.00

**Transaction ID : SA17.73975**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. PATRICIA B. RUPPRECHT**

Mailing Address 601 ROYALE CT

City State Zip Code  
TROY NY 12180-8537

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 ▼  
800.00

**Transaction ID : SA17.73986**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 5475.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL C. RUSS**

Mailing Address **387 MANOR RIDGE DR. NW**

City State Zip Code  
**ATLANTA GA 30305-3507**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**JOHNSON MANAGEMENT LLC EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.69785**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 30 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**5400.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**JEAN T. RUSS**

Mailing Address **387 MANOR RIDGE DRIVE NW**

City State Zip Code  
**ATLANTA GA 30305-3507**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF-EMPLOYED MUSICIAN/ARTIST**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.B73074**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 15 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL C. RUSS**

Mailing Address **387 MANOR RIDGE DR. NW**

City State Zip Code  
**ATLANTA GA 30305-3507**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**JOHNSON MANAGEMENT LLC EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.B73075**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 15 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

Subtotal Of Receipts This Page (optional)..... **0.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JACK RYAN**

Mailing Address 3914 GREENBRIAR DRIVE

City State Zip Code  
JEFFERSON CITY MO 65109-9150

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 ▼  
225.00

**Transaction ID : SA17.74117**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**JACK RYAN**

Mailing Address 3914 GREENBRIAR DRIVE

City State Zip Code  
JEFFERSON CITY MO 65109-9150

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 ▼  
225.00

**Transaction ID : SA17.74347**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**JACK RYAN**

Mailing Address 3914 GREENBRIAR DRIVE

City State Zip Code  
JEFFERSON CITY MO 65109-9150

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 ▼  
225.00

**Transaction ID : SA17.74925**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 75.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES H. RYAN JR.**

Mailing Address 6525 RAVINE LANE

City State Zip Code  
WEDGEFIELD SC 29168-9803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED FORESTER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

**Transaction ID : SA17.74999**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**JERRY SAAD**

Mailing Address 1249 SOUTH PLEASANTBURG DR

City State Zip Code  
GREENVILLE SC 29605-1353

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SAAD AND MANIOS CPA

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1100.00

**Transaction ID : SA17.74949**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**EHUD SADAN**

Mailing Address 1 PIPING ROCK WAY

City State Zip Code  
NEW ROCHELLE NY 10804-1948

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ANCHIN, BLOCK AND ACHIN LLP CPA

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : SA17.73686**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1450.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ALI SAIFI**

Mailing Address **330 MILLS AVENUE**

City State Zip Code  
**GREENVILLE SC 29605-4022**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SUBWAY DEVELOPMENT CORPORATION OF PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.73824**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 17 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**STEVEN SALL**

Mailing Address **31 TURNER DR**

City State Zip Code  
**GREENWICH CT 06831-4415**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**REPUBLIC CLOTHING CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5100.00**

**Transaction ID : SA17.73092**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 21 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2400.00**

**C.** Full Name (Last, First, Middle Initial)  
**STEVEN SALL**

Mailing Address **31 TURNER DR**

City State Zip Code  
**GREENWICH CT 06831-4415**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**REPUBLIC CLOTHING CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5100.00**

**Transaction ID : SA17.73092B**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 16 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-2400.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **3400.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN SALL**

Mailing Address 31 TURNER DR

City State Zip Code  
GREENWICH CT 06831-4415

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
REPUBLIC CLOTHING CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.75012**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**DR. HENRY H. SALZARULO**

Mailing Address P.O. BOX 2742

City State Zip Code  
HIGHLANDS NC 28741-2742

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.69917**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**JARETTE LEE SAMPSON**

Mailing Address P.O. BOX 1537

City State Zip Code  
PEMBROKE NC 28372-1537

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.75529**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SHEREE L. SAMPSON**

Mailing Address 16 STANLEY ST

City PEMBROKE State NC Zip Code 28372-8540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.75528**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**GREG SANDERS**

Mailing Address 1990 HARLEY STREET

City N. CHARLESTON State SC Zip Code 29406-6230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SANDERS BROS. CONST. CO. CONTRACTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.74384**

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CHESTER SANSBURY**

Mailing Address 418 HARROW DR

City COLUMBIA State SC Zip Code 29210-4212

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 ▼  
700.00

**Transaction ID : SA17.74637**

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page (optional).....** ▶ 2100.00

**Total This Period (last page this line number only).....** ▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD SAPKIN**

Mailing Address **410 17TH STREET  
STE 1705**

City **DENVER** State **CO** Zip Code **80202-4430**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EDGEMARK DEVELOPMENT** Occupation **DEVELOPER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.73806**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 14 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL SCHECHNER**

Mailing Address **12 LAWRENCE DR.**

City **SHORT HILLS** State **NJ** Zip Code **07078-3112**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SCHECHNER LIFSON CORP** Occupation **INSURANCE BROKER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.73523**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 29 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**CLAY SCHILE**

Mailing Address **P.O. BOX 1679**

City **SENECA** State **SC** Zip Code **29679-1679**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ENGINEER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.71924**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 24 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**5400.00**

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional)..... **2000.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**CLAY SCHILE**

Mailing Address P.O. BOX 1679

City State Zip Code  
SENECA SC 29679-1679

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.B73619**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MARSHALLA M. SCHILE**

Mailing Address 955 ROCHESTER HWY.

City State Zip Code  
SENECA SC 29672-7041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL ELECTRIC EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.B73618**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**DAVID SCHOOLS**

Mailing Address 771 NAVIGATORS RUN

City State Zip Code  
MT. PLEASANT SC 29464-6620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GREENBAX ENTERPRISES, INC. EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
350.00

**Transaction ID : SA17.75298**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 250.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GIDEON ALEXANDER SCHOR**

Mailing Address **20 W. 72ND STREET APT. 203**

City **NEW YORK** State **NY** Zip Code **10023-4100**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.73509**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. HOWARD SCHULTZ**

Mailing Address **9241 LBJ PARKWAY**

City **DALLAS** State **TX** Zip Code **75243-3478**

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 ▼  
**3500.00**

**Transaction ID : SA17.75245**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)**

**C.** Full Name (Last, First, Middle Initial)  
**DONALD SCHWARZ**

Mailing Address **4047 DIXIE CANYON AVE**

City **SHERMAN OAKS** State **CA** Zip Code **91423-4831**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RBC WEALTH MANAGEMENT** Occupation **PORTFOLIO MANAGER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3700.00**

**Transaction ID : SA17.71878**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]**

**Subtotal Of Receipts This Page (optional)**.....▶ **2000.00**

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**DONALD SCHWARZ**

Mailing Address 4047 DIXIE CANYON AVE

City State Zip Code  
SHERMAN OAKS CA 91423-4831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RBC WEALTH MANAGEMENT PORTFOLIO MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
3700.00

**Transaction ID : SA17.71878B**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-1000.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**DONALD SCHWARZ**

Mailing Address 4047 DIXIE CANYON AVE

City State Zip Code  
SHERMAN OAKS CA 91423-4831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RBC WEALTH MANAGEMENT PORTFOLIO MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
3700.00

**Transaction ID : SA17.74293**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**FRANCIS E. SCHWABE**

Mailing Address P.O. BOX 147

City State Zip Code  
SWANS ISLAND ME 04685-0147

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 ▼  
330.00

**Transaction ID : SA17.74129**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 50.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**FRANCIS E. SCHWABE**

Mailing Address P.O. BOX 147

City State Zip Code  
SWANS ISLAND ME 04685-0147

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 ▼  
330.00

**Transaction ID : SA17.75414**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
80.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RONALD C. SCOTT**

Mailing Address 6004 HAMPTON RIDGE ROAD

City State Zip Code  
COLUMBIA SC 29209-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SCOTT LAW FIRM , PA ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.72958**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SUZANNE M. SCULLY**

Mailing Address 1250 W. SOUTHWINDS BLVD. APT. 213

City State Zip Code  
VERO BEACH FL 32963-4335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.71929**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 1580.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JON SEATON**

Mailing Address 219 EAST TAYLOR RUN PKWY

City State Zip Code  
ALEXANDRIA VA 22314-4944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MERIDIAN CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.69475**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**GREGORY SEGALL**

Mailing Address P.O. BOX 67

City State Zip Code  
GLADWYNE PA 19035-0067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VERSA CAPITAL MANAGEMENT, LLC CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.71919**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5400.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**GREGORY SEGALL**

Mailing Address P.O. BOX 67

City State Zip Code  
GLADWYNE PA 19035-0067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VERSA CAPITAL MANAGEMENT, LLC CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.71919B**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 500.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**GREGORY SEGALL**

Mailing Address P.O. BOX 67

City State Zip Code  
GLADWYNE PA 19035-0067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VERSA CAPITAL MANAGEMENT, LLC CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73521**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MS. PATRICIA K. SHELLEY**

Mailing Address 100 SUNSET BLVD., APT. 1001

City State Zip Code  
WEST COLUMBIA SC 29169-7567

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

**Transaction ID : SA17.73671**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL SHEPARD**

Mailing Address 1440 BEN SAWYER BLVD  
SUITE 1101

City State Zip Code  
MOUNT PLEASANT SC 29464-5526

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 ▼  
3700.00

**Transaction ID : SA17.71900**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional).....▶ 1000.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL SHEPARD**

Mailing Address **1440 BEN SAWYER BLVD  
SUITE 1101**

City **MOUNT PLEASANT** State **SC** Zip Code **29464-5526**

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 ▼  
**3700.00**

**Transaction ID : SA17.71900B**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 25 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**-1000.00**

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL SHEPARD**

Mailing Address **1440 BEN SAWYER BLVD  
SUITE 1101**

City **MOUNT PLEASANT** State **SC** Zip Code **29464-5526**

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 ▼  
**3700.00**

**Transaction ID : SA17.74295**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 25 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. KEITH S. SHERIN**

Mailing Address **42 MICHAELS WAY**

City **WESTON** State **CT** Zip Code **06883-1631**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GENERAL ELECTRIC** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.74718**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 16 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**Subtotal Of Receipts This Page** (optional)..... **2700.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES SHOR**

Mailing Address 16001 COLLINS AVENUE APT 3507

City	State	Zip Code
NORTH MIAMI BEACH	FL	33160-5547

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 ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : SA17.74266**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**HON. GEORGE P. SHULTZ**

Mailing Address 434 GALVEZ MALL ROOM 239

City	State	Zip Code
STANFORD	CA	94305-6003

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOOVER INSTITUTION	DISTINGUISHED FELLOW

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5400.00

**Transaction ID : SA17.69796**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**HON. GEORGE P. SHULTZ**

Mailing Address 434 GALVEZ MALL ROOM 239

City	State	Zip Code
STANFORD	CA	94305-6003

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOOVER INSTITUTION	DISTINGUISHED FELLOW

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5400.00

**Transaction ID : SA17.69796B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -2700.00

**[MEMO ITEM]**

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 2700.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>HON. GEORGE P. SHULTZ</b></p> <p>Mailing Address 434 GALVEZ MALL ROOM 239</p> <p>City STANFORD State CA Zip Code 94305-6003</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer HOOVER INSTITUTION Occupation DISTINGUISHED FELLOW</p> <p>Receipt For: 2016  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <input type="text" value="5400.00"/></p>	<p><b>Transaction ID : SA17.74292</b></p> <p>Date of Receipt  M M / D D / Y Y Y Y  08 / 25 / 2015</p> <hr/> <p>CONTRIBUTION</p> <p>Amount of Each Receipt this Period  <input type="text" value="2700.00"/></p> <p><b>[MEMO ITEM]</b>  REDESIGNATION FROM PRIMARY</p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>SETH M. SIEGEL</b></p> <p>Mailing Address 300 CENTRAL PARK W., APT. 7A</p> <p>City NEW YORK State NY Zip Code 10024-1591</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer THE BEANSTALK GROUP, LLC Occupation FOUNDER</p> <p>Receipt For: 2016  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <input type="text" value="1500.00"/></p>	<p><b>Transaction ID : SA17.73091</b></p> <p>Date of Receipt  M M / D D / Y Y Y Y  07 / 21 / 2015</p> <hr/> <p>CONTRIBUTION</p> <p>Amount of Each Receipt this Period  <input type="text" value="1500.00"/></p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>JORGE SIERRA</b></p> <p>Mailing Address 140 ELGAR PL. APT. 22M</p> <p>City BRONX State NY Zip Code 10475-5212</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer CITY OF NEW YORK Occupation CHILD PROTECTIVE CASEWORK SUPERVISOR</p> <p>Receipt For: 2016  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <input type="text" value="2700.00"/></p>	<p><b>Transaction ID : SA17.74843</b></p> <p>Date of Receipt  M M / D D / Y Y Y Y  07 / 30 / 2015</p> <hr/> <p>CONTRIBUTION</p> <p>Amount of Each Receipt this Period  <input type="text" value="700.00"/></p>
--	--

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD SILLIMAN**

Mailing Address 18209 VINTAGE STREET

City State Zip Code  
NORTHRIDGE CA 91325-1041

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 ▼  
600.00

**Transaction ID : SA17.73379**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES J. SILVER**

Mailing Address 188 MT. CARMEL RD.

City State Zip Code  
ASHEVILLE NC 28806-9718

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 ▼  
1200.00

**Transaction ID : SA17.73744**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES J. SILVER**

Mailing Address 188 MT. CARMEL RD.

City State Zip Code  
ASHEVILLE NC 28806-9718

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 ▼  
1200.00

**Transaction ID : SA17.74808**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 1100.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JOSHUA SIMMS**

Mailing Address **9320 WILSHIRE BLVD  
STE.300**

City **BEVERLY HILLS** State **CA** Zip Code **90212-3218**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SIMMS** Occupation **PRINCIPAL**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 5400.00

**Transaction ID : SA17.71918**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
 5400.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**JOSHUA SIMMS**

Mailing Address **9320 WILSHIRE BLVD  
STE.300**

City **BEVERLY HILLS** State **CA** Zip Code **90212-3218**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SIMMS** Occupation **PRINCIPAL**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 5400.00

**Transaction ID : SA17.71918B**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 22 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
 -2700.00

**[MEMO ITEM]**  
 REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**JOSHUA SIMMS**

Mailing Address **9320 WILSHIRE BLVD  
STE.300**

City **BEVERLY HILLS** State **CA** Zip Code **90212-3218**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SIMMS** Occupation **PRINCIPAL**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 5400.00

**Transaction ID : SA17.73100**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 22 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
 2700.00

**[MEMO ITEM]**  
 REDESIGNATION FROM PRIMARY

Subtotal Of Receipts This Page (optional).....▶ **0.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**DONALD SIMON**

Mailing Address **17 E 84TH ST  
# 10A**

City **NEW YORK** State **NY** Zip Code **10028-0437**

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 ▼  
**400.00**

**Transaction ID : SA17.73376**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**VICTOR SKLOFF**

Mailing Address **3235 MEADOW LANE**

City **COLLEGEVILLE** State **PA** Zip Code **19426-1413**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ALDON FOOD CORPORATION** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**850.00**

**Transaction ID : SA17.74834**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**GADI SLADE**

Mailing Address **30 WEST 63RD STREET**

City **NEW YORK** State **NY** Zip Code **10023-7103**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CAPITAL GROUP** Occupation **INVESTMENT ANALYST**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.72998**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional)..... **1150.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT P. SMART**

Mailing Address **824 BELTLINE BLVD**

City **COLUMBIA** State **SC** Zip Code **29205-2063**

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

**Transaction ID : SA17.74813**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BLAKE SMITH**

Mailing Address **P.O. BOX 2800**

City **GREENVILLE** State **SC** Zip Code **29602-2800**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PARHAM SMITH & ARCHENHOLD, LLC** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : SA17.71886**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**ALOUSE SMITH**

Mailing Address **P.O. BOX 2800**

City **GREENVILLE** State **SC** Zip Code **29602-2800**

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 ▼  
 \_\_\_\_\_ 800.00

**Transaction ID : SA17.B73610**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 800.00

**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 1000.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**BLAKE SMITH**

Mailing Address P.O. BOX 2800

City State Zip Code  
GREENVILLE SC 29602-2800

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PARHAM SMITH & ARCHENHOLD, LLC ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.B73611**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-800.00

**[MEMO ITEM]  
REATTRIBUTION TO SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL J. SMITH**

Mailing Address 10 COMMONS BLVD

City State Zip Code  
SENECA SC 29678-2666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.69880**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. REBECCA W. SMITH**

Mailing Address 126 LANFORD RD

City State Zip Code  
PAULINE SC 29374-1811

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3800.00

**Transaction ID : SA17.74401**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
3000.00

**SEE REATTRIBUTION**

**Subtotal Of Receipts This Page** (optional).....▶ 4000.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**DANNY R. SMITH**

Mailing Address P.O. BOX 3547

City	State	Zip Code
SPARTANBURG	SC	29304-3547

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HARRISON ,WHITE, SMITH, ET AL.	ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74685**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MRS. REBECCA W. SMITH**

Mailing Address 126 LANFORD RD

City	State	Zip Code
PAULINE	SC	29374-1811

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74401B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**MRS. REBECCA W. SMITH**

Mailing Address 126 LANFORD RD

City	State	Zip Code
PAULINE	SC	29374-1811

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74686B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			15			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. REBECCA W. SMITH**

Mailing Address 126 LANFORD RD

City State Zip Code  
PAULINE SC 29374-1811

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3800.00

**Transaction ID : SA17.74709**

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1100.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM D. SMITH**

Mailing Address 21 SPRINGDALE LN.

City State Zip Code  
SPARTANBURG SC 29302-3410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOHNSON, SMITH, HIBBARD ET AL ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : SA17.74259**

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM F. SMITH III**

Mailing Address 3936 SUNSET BLVD.

City State Zip Code  
WEST COLUMBIA SC 29169-2436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WS COMMERCIAL REAL ESTATE LLC REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

**Transaction ID : SA17.73862**

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 2500.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. PEGGY P. SMOAK**

Mailing Address 4462 DOWNING PLACE WAY

City	State	Zip Code
MT. PLEASANT	SC	29466-8068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.74821**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MISS VIRGINIA A. SNIEGON**

Mailing Address 5901 MOUNT EAGLE DRIVE UNIT 1402

City	State	Zip Code
ALEXANDRIA	VA	22303-2511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INSTITUTE FOR DEFENSE ANALYSES NATIONAL DEFENSE STRATEGY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.70005**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. NANCY SNOWDEN**

Mailing Address 63 SOCIETY ST

City	State	Zip Code
CHARLESTON	SC	29401-1618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**NCGS LABORATORIES, INC. CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.74801**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5400.00

**REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)**

**Subtotal Of Receipts This Page (optional)**.....▶ 7400.00

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LINDEN L. SOFER**

Mailing Address 2700 POST OAK BLVD STE 1150

City State Zip Code  
HOUSTON TX 77056-5786

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

**Transaction ID : SA17.75240**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBIN SOLOMON**

Mailing Address 402 CAROLINA BLVD

City State Zip Code  
ISLE OF PALMS SC 29451-2113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED REAL ESTATE BROKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
236.00

**Transaction ID : SA17.75175**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
36.00

**C.** Full Name (Last, First, Middle Initial)  
**CAROLYN W. SOMERS**

Mailing Address 85 WALLING GROVE RD

City State Zip Code  
BEAUFORT SC 29907-1067

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

**Transaction ID : SA17.74131**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 2586.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**HON. MOLLY M. SPEARMAN**

Mailing Address **651 BRUSHY FORK RD.**

City **SALUDA** State **SC** Zip Code **29138-7501**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SC ASSOC. OF SCHOOL ADMIN.** Occupation **SUPERINTENDENT OF EDUCATION**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

**Transaction ID : SA17.69895**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 07 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JERRY I. SPEYER**

Mailing Address **45 ROCKEFELLER PLAZA, FL. 7**

City **NEW YORK** State **NY** Zip Code **10111-0100**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TISHMAN SPEYER PROPERTIES, LP** Occupation **CHAIRMAN & CO., CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : SA17.74814**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 24 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**L. S. SPINKS**

Mailing Address **P.O. BOX 6104**

City **GREENVILLE** State **SC** Zip Code **29606-6104**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **REAL ESTATE INVESTMENTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.73684**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ **3950.00**

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A. Full Name (Last, First, Middle Initial)**

**MRS. GAIL SPURGEON**

Mailing Address 4656 MAPLE LEAF DRIVE

City State Zip Code  
CONWAY SC 29526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.75524**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5400.00

SEE REATTRIBUTION

**B. Full Name (Last, First, Middle Initial)**

**MRS. GAIL SPURGEON**

Mailing Address 4656 MAPLE LEAF DRIVE

City State Zip Code  
CONWAY SC 29526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.75524B**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C. Full Name (Last, First, Middle Initial)**

**MR. GORDON SPURGEON**

Mailing Address 4656 MAPLE LEAF DRIVE

City State Zip Code  
CONWAY SC 29526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.75525**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page (optional)**.....▶ 5400.00

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JUDY C. STANCIL**

Mailing Address **616 NORTHAMPTON RD.**

City	State	Zip Code
SENECA	SC	29672-2229

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NAPA AUTOPARTS	MANAGER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 300.00

**Transaction ID : SA17.73628**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 300.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RANDY STEFANI**

Mailing Address **12087 LINCOLN AVENUE**

City	State	Zip Code
CLIVE	IA	50325-8226

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

**Transaction ID : SA17.74182**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. BENJAMIN J. STEIN**

Mailing Address **8787 SHOREHAM DRIVE  
810**

City	State	Zip Code
WEST HOLLYWOOD	CA	90069-2231

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	ECONOMIST

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1950.00

**Transaction ID : SA17.73602**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 750.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BENJAMIN J. STEIN**

Mailing Address **8787 SHOREHAM DRIVE**  
**810**

City **WEST HOLLYWOOD** State **CA** Zip Code **90069-2231**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ECONOMIST**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1950.00**

**Transaction ID : SA17.73603**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**JUDY STEINHARDT**

Mailing Address **1158 FIFTH AVENUE**

City **NEW YORK** State **NY** Zip Code **10029-6917**

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 ▼  
**2800.00**

**Transaction ID : SA17.75220**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2800.00**

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL H. STEINHARDT**

Mailing Address **1158 FIFTH AVENUE**

City **NEW YORK** State **NY** Zip Code **10029-6917**

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 ▼  
**5400.00**

**Transaction ID : SA17.75219**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2800.00**

**Subtotal Of Receipts This Page** (optional)..... **5850.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. FRANK A. STEWART**

Mailing Address **5218 WOODLAND BAY DRIVE**

City **BELMONT** State **NC** Zip Code **28012-8879**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ULTRA MACHINE AND FABRICATION** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5200.00**

**Transaction ID : SA17.74221B**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-2500.00**

**[MEMO ITEM]**  
**REATTRIBUTION TO SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**MR. FRANK A. STEWART**

Mailing Address **5218 WOODLAND BAY DRIVE**

City **BELMONT** State **NC** Zip Code **28012-8879**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ULTRA MACHINE AND FABRICATION** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5200.00**

**Transaction ID : SA17.74249B**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-2500.00**

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MR. FRANK A. STEWART**

Mailing Address **5218 WOODLAND BAY DRIVE**

City **BELMONT** State **NC** Zip Code **28012-8879**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ULTRA MACHINE AND FABRICATION** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5200.00**

**Transaction ID : SA17.75007**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2500.00**

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 372 / 862
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b
<input type="checkbox"/> 18	<input type="checkbox"/> 21		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MICHELE H. STEWART**

Mailing Address **5218 WOODLAND BAY DRIVE**

City **BELMONT** State **NC** Zip Code **28012-8879**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS** Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5200.00**

**Transaction ID : SA17.74224**

Date of Receipt  
**08 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2500.00**

**[MEMO ITEM]**  
**REATTRIBUTION FROM SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MICHELE H. STEWART**

Mailing Address **5218 WOODLAND BAY DRIVE**

City **BELMONT** State **NC** Zip Code **28012-8879**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS** Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5200.00**

**Transaction ID : SA17.74224B**

Date of Receipt  
**09 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-2500.00**

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MICHELE H. STEWART**

Mailing Address **5218 WOODLAND BAY DRIVE**

City **BELMONT** State **NC** Zip Code **28012-8879**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFORTS** Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5200.00**

**Transaction ID : SA17.75008**

Date of Receipt  
**09 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2500.00**

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL W. STOCK**

Mailing Address **5994 TURPIN HILLS DRIVE**

City **CINCINNATI** State **OH** Zip Code **45244-3945**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INSURANCE AGENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**375.00**

**Transaction ID : SA17.74241**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 26 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**375.00**

**B.** Full Name (Last, First, Middle Initial)  
**RUSSELL STOKES**

Mailing Address **761 WILSON LANE**

City **HINSDALE** State **IL** Zip Code **60521-4843**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GENERAL ELECTRIC** Occupation **BUSINESS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.74594**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 02 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**DR. THOMAS L. STOUGHTON**

Mailing Address **1809 HIGHLAND AVE.**

City **FLORENCE** State **SC** Zip Code **29501-5517**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MCLEOD HEALTH** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.75248**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional)..... **375.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LUTHER M. STRAYER III**

Mailing Address **2 WILD LAUREL LANE**

City State Zip Code  
**HILTON HEAD ISLAND SC 29926-2649**

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 ▼  
**225.00**

**Transaction ID : SA17.73344**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 13 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. BILLY R. STRICKLAND**

Mailing Address **202 SWEETGUM ST**

City State Zip Code  
**LAURENS SC 29360-3753**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**LAURENS SCHOOL DISTRICT 55 EDUCATOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**300.00**

**Transaction ID : SA17.74994**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 25 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**ELSIE STUART**

Mailing Address **5203 EXUM DRIVE**

City State Zip Code  
**WEST COLUMBIA SC 29169-7178**

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 ▼  
**275.00**

**Transaction ID : SA17.75396**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 30 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**Subtotal Of Receipts This Page** (optional)..... **150.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH STUTLER**

Mailing Address 10387 HART BRANCH CIRCLE

City	State	Zip Code
ORLANDO	FL	32832-5915

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	SELF-EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1250.00**

**Transaction ID : SA17.74159**

Date of Receipt  
MM / DD / YYYY  
**08 / 15 / 2015**

### CONTRIBUTION

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**JOSEPH STUTLER**

Mailing Address 10387 HART BRANCH CIRCLE

City	State	Zip Code
ORLANDO	FL	32832-5915

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	SELF-EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1250.00**

**Transaction ID : SA17.74552**

Date of Receipt  
MM / DD / YYYY  
**08 / 27 / 2015**

### CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**EDWARD SUGAR**

Mailing Address 785 5TH AVE  
APT 11C

City	State	Zip Code
NEW YORK	NY	10022-1625

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
EAS ADVISORS	ADVISOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2180.00**

**Transaction ID : SA17.74761**

Date of Receipt  
MM / DD / YYYY  
**09 / 22 / 2015**

### CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional).....▶ **2250.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JANE P. SUGGS**

Mailing Address 12 DILL CT.

City State Zip Code  
COLUMBIA SC 29204-3378

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1400.00

**Transaction ID : SA17.73826**

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS E. SUGGS**

Mailing Address 12 DILL COURT

City State Zip Code  
COLUMBIA SC 29204-3378

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KEENAN & SUGGS INC. INSURANCE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.69665**

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JANE P. SUGGS**

Mailing Address 12 DILL CT.

City State Zip Code  
COLUMBIA SC 29204-3378

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1400.00

**Transaction ID : SA17.B73466**

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
400.00

**[MEMO ITEM]**

REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page** (optional).....▶ 1000.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS E. SUGGS**

Mailing Address 12 DILL COURT

City State Zip Code  
COLUMBIA SC 29204-3378

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KEENAN & SUGGS INC. INSURANCE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.B73467**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-400.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH D. SWANN**

Mailing Address 22 CRAIGWOOD CT.

City State Zip Code  
GREENVILLE SC 29607-3647

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

**Transaction ID : SA17.73669**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. HENRY M. SWINK**

Mailing Address 6615 S. IRBY STREET

City State Zip Code  
EFFINGHAM SC 29541-3577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MCCALL FARMS PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.75250**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 2000.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MS. AMY H. SWONGER**

Mailing Address 5905 MOSS WOOD LANE

City State Zip Code  
MCLEAN VA 22101-3300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ERNST & YOUNG WASHINGTON COUNCIL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.73798**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT A. C. TALLEY**

Mailing Address 304 LLOYDS LANE

City State Zip Code  
ALEXANDRIA VA 22302-3709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TALLEY & ASSOCIATES EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.72972**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MARA TALPINS**

Mailing Address 1060 BAYHEAD DRIVE

City State Zip Code  
MAMARONECK NY 10543-4701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73010**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 3200.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MARA TALPINS**

Mailing Address 1060 BAYHEAD DRIVE

City MAMARONECK State NY Zip Code 10543-4701

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 ▼  
5400.00

**Transaction ID : SA17.73010B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MARA TALPINS**

Mailing Address 1060 BAYHEAD DRIVE

City MAMARONECK State NY Zip Code 10543-4701

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 ▼  
5400.00

**Transaction ID : SA17.74707**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
**REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MARA TALPINS**

Mailing Address 1060 BAYHEAD DRIVE

City MAMARONECK State NY Zip Code 10543-4701

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 ▼  
5400.00

**Transaction ID : SA17.73011**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 2700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CURTIS S. TAMKIN**

Mailing Address 1230 STONE CANYON RD.

City State Zip Code  
LOS ANGELES CA 90077-2920

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 ▼  
1300.00

**Transaction ID : SA17.72928**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1300.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOE E. TAYLOR JR.**

Mailing Address 47 MAHALO LANE

City State Zip Code  
COLUMBIA SC 29204-3380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PARK AND WASHINGTON, LLC CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8200.00

**Transaction ID : SA17.69743**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5600.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOE E. TAYLOR JR.**

Mailing Address 47 MAHALO LANE

City State Zip Code  
COLUMBIA SC 29204-3380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PARK AND WASHINGTON, LLC CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8200.00

**Transaction ID : SA17.69743B**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**

REDESIGNATION TO GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 1300.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOE E. TAYLOR JR.**

Mailing Address 47 MAHALO LANE

City State Zip Code  
COLUMBIA SC 29204-3380

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PARK AND WASHINGTON, LLC CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74291**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**SAMUEL TENENBAUM**

Mailing Address 353 BLUE HERON COURT

City State Zip Code  
LEXINGTON SC 29072-9416

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PALMETTO HEALTH FOUNDATION PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73255**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**SAMUEL TENENBAUM**

Mailing Address 353 BLUE HERON COURT

City State Zip Code  
LEXINGTON SC 29072-9416

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PALMETTO HEALTH FOUNDATION PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73854**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**SAMUEL TENENBAUM**

Mailing Address 353 BLUE HERON COURT

City State Zip Code  
LEXINGTON SC 29072-9416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PALMETTO HEALTH FOUNDATION PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1300.00

**Transaction ID : SA17.74467**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. J. RONALD TERWILLIGER**

Mailing Address 3060 PEACHTREE ROAD NW STE. 830

City State Zip Code  
ATLANTA GA 30305-2240

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

**Transaction ID : SA17.73680**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. NEAL D. THIGPEN**

Mailing Address 1610 HILLSIDE AVE

City State Zip Code  
FLORENCE SC 29501-5608

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 ▼  
1250.00

**Transaction ID : SA17.75503**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 1350.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GREG A. THOMPSON**

Mailing Address 1820 STADIUM ROAD

City State Zip Code  
SUMTER SC 29154-6185

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THOMPSON INDUSTRIAL SERVICES CHAIRMAN & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.72960**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. MATTHEW O. THOMPSON**

Mailing Address 1040 CLIFFWOOD DR.

City State Zip Code  
MOUNT PLEASANT SC 29464-3522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
O.L. THOMPSON CONSTRUCTION CO., INC. CONTRACTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.74263**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
4900.00

SEE REATTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JENNIFER THOMPSON**

Mailing Address 1040 CLIFFWOOD DR.

City State Zip Code  
MOUNT PLEASANT SC 29464-3522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.75487**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MATTHEW O. THOMPSON**

Mailing Address 1040 CLIFFWOOD DR.

City State Zip Code  
MOUNT PLEASANT SC 29464-3522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
O.L. THOMPSON CONSTRUCTION CO., INC. CONTRACTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.74263B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MRS. TONI THOMPSON**

Mailing Address P.O. BOX 63535

City State Zip Code  
CHARLESTON SC 29419-3535

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

**Transaction ID : SA17.74208**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
3000.00

SEE REATTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**O. L. THOMPSON III**

Mailing Address P.O. BOX 63535

City State Zip Code  
CHARLESTON SC 29419-3535

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
O.L. THOMPSON CONSTRUCTION CO. CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.75206**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**Subtotal Of Receipts This Page** (optional).....▶ 3000.00

**Total This Period** (last page this line number only).....▶





**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**WALLACE THOMPSON**

Mailing Address 11 SOUTH 12TH STREET

City State Zip Code  
SAINT CHARLES IL 60174-2633

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 ▼  
685.00

**Transaction ID : SA17.73971**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**WALLACE THOMPSON**

Mailing Address 11 SOUTH 12TH STREET

City State Zip Code  
SAINT CHARLES IL 60174-2633

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 ▼  
685.00

**Transaction ID : SA17.74112**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**WALLACE THOMPSON**

Mailing Address 11 SOUTH 12TH STREET

City State Zip Code  
SAINT CHARLES IL 60174-2633

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 ▼  
685.00

**Transaction ID : SA17.74344**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
10.00

**Subtotal Of Receipts This Page** (optional).....▶ 60.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**WALLACE THOMPSON**

Mailing Address 11 SOUTH 12TH STREET

City State Zip Code  
SAINT CHARLES IL 60174-2633

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 ▼  
685.00

**Transaction ID : SA17.74345**

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**WALLACE THOMPSON**

Mailing Address 11 SOUTH 12TH STREET

City State Zip Code  
SAINT CHARLES IL 60174-2633

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 ▼  
685.00

**Transaction ID : SA17.74930**

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**WALLACE THOMPSON**

Mailing Address 11 SOUTH 12TH STREET

City State Zip Code  
SAINT CHARLES IL 60174-2633

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 ▼  
685.00

**Transaction ID : SA17.74931**

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 400.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**FELICITY THWORT**

Mailing Address **535 MADISON AVENUE**

City State Zip Code  
**NEW YORK NY 10022-4214**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**ELECTRUM GROUP EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.75023**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 28 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID J. TIGGES**

Mailing Address **602 COLONIAL DRIVE**

City State Zip Code  
**HILTON HEAD ISLAND SC 29926-4200**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**MCNAIR LAW FIRM, P.A. ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.75241**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 30 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1600.00**

**C.** Full Name (Last, First, Middle Initial)  
**BILL TIGUE**

Mailing Address **329 CALIFORNIA AVE  
8**

City State Zip Code  
**SANTA MONICA CA 90403-5012**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**EAST LOS ANGELES COMMUNITY COLLEGE P/T ADJUNCT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**335.00**

**Transaction ID : SA17.73243**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 08 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**20.00**

**Subtotal Of Receipts This Page** (optional)..... **4320.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**BILL TIGUE**

Mailing Address 329 CALIFORNIA AVE  
8

City State Zip Code  
SANTA MONICA CA 90403-5012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EAST LOS ANGELES COMMUNITY COLLEGE P/T ADJUNCT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
335.00

**Transaction ID : SA17.73925**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**BILL TIGUE**

Mailing Address 329 CALIFORNIA AVE  
8

City State Zip Code  
SANTA MONICA CA 90403-5012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EAST LOS ANGELES COMMUNITY COLLEGE P/T ADJUNCT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
335.00

**Transaction ID : SA17.75046**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM R. TIMMONS III**

Mailing Address PO BOX 7

City State Zip Code  
GREENVILLE SC 29602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CANAL INSURANCE COMPANY VP OF INVESTMENTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3600.00

**Transaction ID : SA17.73880**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**Subtotal Of Receipts This Page** (optional).....▶ 1100.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL TONGOUR**

Mailing Address 4937 TILDEN ST NW

City State Zip Code  
WASHINGTON DC 20016-2331

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TCH GROUP, LLC ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2000.00

**Transaction ID : SA17.73149**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL L. TORBECK**

Mailing Address 3836 MONETS LANE

City State Zip Code  
CINCINNATI OH 45241-3864

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.74239**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CLARENCE H. TURK**

Mailing Address 3825 LORENE DRIVE

City State Zip Code  
SUMTER SC 29154-8872

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 ▼  
315.00

**Transaction ID : SA17.69937**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
55.00

**Subtotal Of Receipts This Page** (optional).....▶ 2305.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CLARENCE H. TURK**

Mailing Address **3825 LORENE DRIVE**

City State Zip Code  
**SUMTER SC 29154-8872**

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 ▼  
**315.00**

**Transaction ID : SA17.73732**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 07 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**55.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. CLARENCE H. TURK**

Mailing Address **3825 LORENE DRIVE**

City State Zip Code  
**SUMTER SC 29154-8872**

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 ▼  
**315.00**

**Transaction ID : SA17.75199**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 29 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**55.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. TODD R. TURNER**

Mailing Address **1028 FOUR MILE BRANCH RD**

City State Zip Code  
**SPARTANBURG SC 29302-4411**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.74425**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 08 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional)..... **1110.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS VALDES**

Mailing Address 13440 OAKMEADE

City State Zip Code  
PALM BEACH GARDENS FL 33418-7506

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 ▼  
300.00

**Transaction ID : SA17.74125**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS VALDES**

Mailing Address 13440 OAKMEADE

City State Zip Code  
PALM BEACH GARDENS FL 33418-7506

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 ▼  
300.00

**Transaction ID : SA17.75409**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**EMILY VALLARINO**

Mailing Address 320 N AZALEA DR

City State Zip Code  
SURFSIDE BEACH SC 29575-5024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VALLARINO CONSTRUCTION VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.71911**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional).....▶ 100.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**EMILY VALLARINO**

Mailing Address 320 N AZALEA DR

City State Zip Code  
SURFSIDE BEACH SC 29575-5024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VALLARINO CONSTRUCTION VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.71911B**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**EMILY VALLARINO**

Mailing Address 320 N AZALEA DR

City State Zip Code  
SURFSIDE BEACH SC 29575-5024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VALLARINO CONSTRUCTION VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73098**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MANUEL R. VALLARINO**

Mailing Address 320 N AZALEA DR

City State Zip Code  
SURFSIDE BEACH SC 29575-5024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VALLARINO CONSTRUCTION, LLC PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.71910**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MANUEL R. VALLARINO**

Mailing Address 320 N AZALEA DR

City State Zip Code  
SURFSIDE BEACH SC 29575-5024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VALLARINO CONSTRUCTION, LLC PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.71910B**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MANUEL R. VALLARINO**

Mailing Address 320 N AZALEA DR

City State Zip Code  
SURFSIDE BEACH SC 29575-5024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VALLARINO CONSTRUCTION, LLC PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.73097**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM VERNON**

Mailing Address 1 PROMOTIONAL PL.

City State Zip Code  
NEWTON IA 50208-2066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THE VERNON COMPANY CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.69960**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 250.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN D. VERSAGGI JR.**

Mailing Address 800 ALBANY AVENUE

City State Zip Code  
ALEXANDRIA VA 22302-3501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UNITED HEALTH GROUP GOVERNMENT AFFAIRS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.73888**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. SALLIE J. VON KAENEL**

Mailing Address 104 E LEWIS RD.

City State Zip Code  
CLEMSON SC 29631-1871

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 ▼  
240.00

**Transaction ID : SA17.74577**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
120.00

**C.** Full Name (Last, First, Middle Initial)  
**LARRY WALDMAN**

Mailing Address 1201 EDGECLIFF PL  
1063

City State Zip Code  
CINCINNATI OH 45206-2847

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED CPA

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1200.00

**Transaction ID : SA17.73524**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 620.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LARRY WALDMAN**

Mailing Address **1201 EDGECLIFF PL**  
**1063**

City **CINCINNATI** State **OH** Zip Code **45206-2847**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **CPA**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1200.00**

**Transaction ID : SA17.74363**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 19 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**LARRY WALDMAN**

Mailing Address **1201 EDGECLIFF PL**  
**1063**

City **CINCINNATI** State **OH** Zip Code **45206-2847**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **CPA**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1200.00**

**Transaction ID : SA17.74966**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**LARRY WALDMAN**

Mailing Address **1201 EDGECLIFF PL**  
**1063**

City **CINCINNATI** State **OH** Zip Code **45206-2847**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **CPA**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1200.00**

**Transaction ID : SA17.75445**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**25.00**

**Subtotal Of Receipts This Page** (optional)..... **550.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. TODD A. WALKER**

Mailing Address 903 BANBURY COURT

City	State	Zip Code
MCLEAN	VA	22102-1301

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ALTRIA	VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.72971**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**SUSAN WALLACE**

Mailing Address 315 PRINCESS GRACE AVE.

City	State	Zip Code
CLEMSON	SC	29631-1215

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

**Transaction ID : SA17.74934**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. JEFFREY H. WALLEN DDS**

Mailing Address 104 WOODWIND CT.

City	State	Zip Code
MYRTLE BEACH	SC	29572-4119

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	ORAL SURGEON

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74800**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 1750.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH WALSH**

Mailing Address 1096 BEGIER AVE.

City State Zip Code  
SAN LEANDRO CA 94577-3024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GOLDEN GATE UNIVERSITY PROFESSOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : SA17.75294**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN A. WALTER**

Mailing Address P.O. BOX 1765

City State Zip Code  
CLEMSON SC 29633-1765

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : SA17.75453**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**ROGER WARREN**

Mailing Address 39 COTTON HALL

City State Zip Code  
KIAWAH ISLAND SC 29455-5714

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KIAWAH ISLAND GOLF RESORT RESORT PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.73278**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ASHLEY WASHMON**

Mailing Address 3116 CAVALCADE COURT

City State Zip Code  
AUSTIN TX 78746-1819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.69897**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS CHARLES WASHMON**

Mailing Address 3116 CAVALCADE COURT

City State Zip Code  
AUSTIN TX 78746-1819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PRIVATEER CAPITAL MANAGEMENT, LP PRESIDENT & GENERAL COUNSEL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.69905**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**LT. GEN CLAUDIUS E. WATTS II**

Mailing Address 229 COUNTRY CLUB LN.

City State Zip Code  
CHARLESTON SC 29412-2208

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 ▼  
600.00

**Transaction ID : SA17.74403**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
600.00

**Subtotal Of Receipts This Page** (optional).....▶ 6000.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**WAYLON WEBBON**

Mailing Address 5823 MCDUGALD DR

City State Zip Code  
CASTLE HAYNE NC 28429-5248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED REAL ESTATE INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
210.00

**Transaction ID : SA17.74007**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**WAYLON WEBBON**

Mailing Address 5823 MCDUGALD DR

City State Zip Code  
CASTLE HAYNE NC 28429-5248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED REAL ESTATE INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
210.00

**Transaction ID : SA17.74660**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM M. WEBSTER IV**

Mailing Address 604 GLENDALYN AVENUE

City State Zip Code  
SPARTANBURG SC 29302-2013

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 ▼  
5400.00

**Transaction ID : SA17.74412**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**Subtotal Of Receipts This Page** (optional).....▶ 5450.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. AARON M. WEITMAN**

Mailing Address 517 ADAMS STREET APT. 1

City State Zip Code  
HOBOKEN NJ 07030-2001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
APPALOOSA MANAGEMENT FINANCE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17.75009**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT WELLS**

Mailing Address 107 RUNNYMEDE LANE

City State Zip Code  
SUMMERVILLE SC 29485-8507

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 ▼  
210.00

**Transaction ID : SA17.74644**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT WELLS**

Mailing Address 107 RUNNYMEDE LANE

City State Zip Code  
SUMMERVILLE SC 29485-8507

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 ▼  
210.00

**Transaction ID : SA17.74935**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 50.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT S. WELLS**

Mailing Address 236 MOORING LN.

City State Zip Code  
LEXINGTON SC 29072-9533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SOUTH CAROLINA BAR MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.75251**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS R. WELLS**

Mailing Address 7200 OVERCLIFF ROAD

City State Zip Code  
CINCINNATI OH 45233-1038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.73877**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS P. WENDEL**

Mailing Address 8704 N. OCEAN BLVD

City State Zip Code  
MYRTLE BEACH SC 29572-4417

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 ▼  
2500.00

**Transaction ID : SA17.75508**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1500.00

**Subtotal Of Receipts This Page** (optional).....▶ 2250.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY WENTWORTH**

Mailing Address 160 COUNTRY LANE

City	State	Zip Code
SAN ANTONIO	TX	78209-2228

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
BEXAR COUNTY	JUDGE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

**Transaction ID : SA17.73902**

Date of Receipt  
MM / DD / YYYY  
08 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY WENTWORTH**

Mailing Address 160 COUNTRY LANE

City	State	Zip Code
SAN ANTONIO	TX	78209-2228

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
BEXAR COUNTY	JUDGE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

**Transaction ID : SA17.74042**

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY WENTWORTH**

Mailing Address 160 COUNTRY LANE

City	State	Zip Code
SAN ANTONIO	TX	78209-2228

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
BEXAR COUNTY	JUDGE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

**Transaction ID : SA17.75270**

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 450.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY WENTWORTH**

Mailing Address 160 COUNTRY LANE

City State Zip Code  
SAN ANTONIO TX 78209-2228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BEXAR COUNTY JUDGE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

**Transaction ID : SA17.75271**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LIESL H. WESTBROOK**

Mailing Address 2659 PARISH LNDG.

City State Zip Code  
MOUNT PLEASANT SC 29466-7964

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.72968**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**JACK WETZEL**

Mailing Address 494 POWDER HOUSE ROAD

City State Zip Code  
AIKEN SC 29801-5148

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 ▼  
975.00

**Transaction ID : SA17.73987**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 2850.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JACK WETZEL**

Mailing Address 494 POWDER HOUSE ROAD

City	State	Zip Code
AIKEN	SC	29801-5148

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 ▼  
 \_\_\_\_\_ 975.00

**Transaction ID : SA17.73992**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

**B.** Full Name (Last, First, Middle Initial)  
**JACK WETZEL**

Mailing Address 494 POWDER HOUSE ROAD

City	State	Zip Code
AIKEN	SC	29801-5148

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 ▼  
 \_\_\_\_\_ 975.00

**Transaction ID : SA17.74359**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

**C.** Full Name (Last, First, Middle Initial)  
**JACK WETZEL**

Mailing Address 494 POWDER HOUSE ROAD

City	State	Zip Code
AIKEN	SC	29801-5148

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 ▼  
 \_\_\_\_\_ 975.00

**Transaction ID : SA17.74936**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 225.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JACK WETZEL**

Mailing Address 494 POWDER HOUSE ROAD

City State Zip Code  
AIKEN SC 29801-5148

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 ▼  
975.00

**Transaction ID : SA17.75142**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**GARY WHITEHEAD**

Mailing Address 27 MCKAYS POINT

City State Zip Code  
HILTON HEAD SC 29928-3321

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 ▼  
2700.00

**Transaction ID : SA17.74538**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**KAREN M. WHITE**

Mailing Address 735 JACKSON GROVE RD

City State Zip Code  
LANDRUM SC 29356-9014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5300.00

**Transaction ID : SA17.74398**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2800.00

REATTRIBUTION / REDESIGNATION REQUESTED  
(AUTOMATIC) SEE REATTRIBUTION

**Subtotal Of Receipts This Page** (optional).....▶ 5600.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN B. WHITE JR.**

Mailing Address 735 JACKSON GROVE RD

City State Zip Code  
LANDRUM SC 29356-9014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HARRISON ,WHITE, SMITH, ET AL. ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.74681**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**KAREN M. WHITE**

Mailing Address 735 JACKSON GROVE RD

City State Zip Code  
LANDRUM SC 29356-9014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5300.00

**Transaction ID : SA17.74398B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-100.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**KAREN M. WHITE**

Mailing Address 735 JACKSON GROVE RD

City State Zip Code  
LANDRUM SC 29356-9014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5300.00

**Transaction ID : SA17.74682**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 2700.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JEFFREY S. WIESENFIELD**

Mailing Address 80 BEACH ROAD

City State Zip Code  
GREAT NECK NY 11023-1020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BERNSTEIN FINANCIAL ADVISOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74419**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JEFFREY S. WIESENFIELD**

Mailing Address 80 BEACH ROAD

City State Zip Code  
GREAT NECK NY 11023-1020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BERNSTEIN FINANCIAL ADVISOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74575**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID H. WILKINS**

Mailing Address 31 SIRRINE DR.

City State Zip Code  
GREENVILLE SC 29605-1136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NELSON MULLINS ET AL ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5300.00

**Transaction ID : SA17.69629**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional)..... 500.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID H. WILKINS**

Mailing Address 31 SIRRINE DR.

City	State	Zip Code
GREENVILLE	SC	29605-1136

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NELSON MULLINS ET AL	ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69629B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID H. WILKINS**

Mailing Address 31 SIRRINE DR.

City	State	Zip Code
GREENVILLE	SC	29605-1136

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NELSON MULLINS ET AL	ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73083**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MS. SUSAN C. WILKINS**

Mailing Address 31 SIRRINE DR.

City	State	Zip Code
GREENVILLE	SC	29605-1136

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75242**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ANGELA WILLIAMS**

Mailing Address **5593 GOLF COURSE DRIVE**

City **MORRISON** State **CO** Zip Code **80465-2112**

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 ▼  
**250.00**

**Transaction ID : SA17.73589**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 22 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**ANGELA WILLIAMS**

Mailing Address **5593 GOLF COURSE DRIVE**

City **MORRISON** State **CO** Zip Code **80465-2112**

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 ▼  
**250.00**

**Transaction ID : SA17.74939**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. HELEN M. WILLIAMS**

Mailing Address **2610 W. PARKLAND BLVD.**

City **TAMPA** State **FL** Zip Code **33609-5314**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.74232**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 26 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional)..... **1150.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MITCHELL M. WILLOUGHBY**  
Mailing Address 59 RUNNING FOX ROAD

**Transaction ID : SA17.73682**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	5

City State Zip Code  
COLUMBIA SC 29223-3052

CONTRIBUTION

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

2	7	0	0	.	0	0
---	---	---	---	---	---	---

Name of Employer Occupation  
WILLOUGHBY & HOEFER, P.A. LAWYER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2	7	0	0	.	0	0
---	---	---	---	---	---	---

**B.** Full Name (Last, First, Middle Initial)  
**LDCDR. THOMAS WINANT USN (RET.)**  
Mailing Address 1809 FARNDON AVE

**Transaction ID : SA17.72878**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

City State Zip Code  
LOS ALTOS CA 94024-6235

CONTRIBUTION

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

5	0	.	0	0
---	---	---	---	---

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

7	0	.	0	0
---	---	---	---	---

**C.** Full Name (Last, First, Middle Initial)  
**LDCDR. THOMAS WINANT USN (RET.)**  
Mailing Address 1809 FARNDON AVE

**Transaction ID : SA17.73359**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

City State Zip Code  
LOS ALTOS CA 94024-6235

CONTRIBUTION

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

1	0	.	0	0
---	---	---	---	---

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

7	0	.	0	0
---	---	---	---	---

Subtotal Of Receipts This Page (optional).....▶ 

2	7	0	0	.	0	0
---	---	---	---	---	---	---

Total This Period (last page this line number only).....▶ 

2	7	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN WINTHROP**

Mailing Address P.O. BOX 22527

City	State	Zip Code
CHARLESTON	SC	29413-2527

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
JOHN WINTHROP & COMPANY	INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3010.00

**Transaction ID : SA17.68613**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN WINTHROP**

Mailing Address P.O. BOX 22527

City	State	Zip Code
CHARLESTON	SC	29413-2527

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
JOHN WINTHROP & COMPANY	INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3010.00

**Transaction ID : SA17.68613B**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
-310.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN WINTHROP**

Mailing Address P.O. BOX 22527

City	State	Zip Code
CHARLESTON	SC	29413-2527

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
JOHN WINTHROP & COMPANY	INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3010.00

**Transaction ID : SA17.74281**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
310.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**GUY WISINSKI**

Mailing Address **35 SCOFIELD FARMS**

City **DARIEN** State **CT** Zip Code **06820-2432**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **SALES PROFESSIONAL**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.74713**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**KELLY L. WITTICH**

Mailing Address **15 W. FOURTH STREET UNIT 605**

City **CINCINNATI** State **OH** Zip Code **45202-3643**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UBS FINANCIAL SERVICES** Occupation **FINANCIAL ADVISOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.73873**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**JERRY WOOD**

Mailing Address **629 HOPE FERRY ROAD**

City **LEXINGTON** State **SC** Zip Code **29072-9605**

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 ▼  
**2700.00**

**Transaction ID : SA17.75233**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 10 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**IN KIND**

**Subtotal Of Receipts This Page** (optional)..... **3200.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**NANCY WOOD**

Mailing Address **629 HOPE FERRY ROAD**

City **LEXINGTON** State **SC** Zip Code **29072-9605**

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 ▼  
**2700.00**

**Transaction ID : SA17.75234**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 10 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

IN KIND

**B.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT WORKMAN**

Mailing Address **761 HOOPFER WAY**

City **THE VILLAGES** State **FL** Zip Code **32159-3019**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE VILLAGES TRANSPORTATION** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.74210**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 26 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. ARTHUR WORTMAN**

Mailing Address **7629 MADISON AVE.**

City **KANSAS CITY** State **MO** Zip Code **64114-1767**

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**

**Transaction ID : SA17.73800**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 13 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**50.00**

**Subtotal Of Receipts This Page** (optional)..... **3750.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ARTHUR WORTMAN**

Mailing Address 7629 MADISON AVE.

City State Zip Code  
KANSAS CITY MO 64114-1767

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 ▼  
225.00

**Transaction ID : SA17.74793**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
**MARK WRIGHT**

Mailing Address 1713 W ESPERANZA AVE

City State Zip Code  
MCALLEN TX 78501-3206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EPL VENTURES, LLC MANAGEMENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

**Transaction ID : SA17.74850**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**ROY WUTHIER**

Mailing Address 714 VINTAGE LANE

City State Zip Code  
COLUMBIA SC 29210-5109

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 ▼  
450.00

**Transaction ID : SA17.74646**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 275.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**ROY WUTHIER**

Mailing Address 714 VINTAGE LANE

City State Zip Code  
COLUMBIA SC 29210-5109

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 ▼  
450.00

**Transaction ID : SA17.75410**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES C. YAHNIS**

Mailing Address 4541 RICHMOND HILL DR.

City State Zip Code  
MURRELLS INLET SC 29576-6817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED BEER WHOLESALER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

**Transaction ID : SA17.75516**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**EDWARD YANDLE**

Mailing Address 117 BEAVER RIDGE DRIVE

City State Zip Code  
ELGIN SC 29045-8211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EXECUTIVE CONSTRUCTION HOMES HOME BUILDER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74853**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 1550.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**CHRISTINE YORDAN**

Mailing Address 3208 LOCKE LANE

City HOUSTON State TX Zip Code 77019-6208

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 ▼  
1200.00

**Transaction ID : SA17.73209**

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**CHRISTINE YORDAN**

Mailing Address 3208 LOCKE LANE

City HOUSTON State TX Zip Code 77019-6208

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 ▼  
1200.00

**Transaction ID : SA17.74072**

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**CHRISTINE YORDAN**

Mailing Address 3208 LOCKE LANE

City HOUSTON State TX Zip Code 77019-6208

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 ▼  
1200.00

**Transaction ID : SA17.74146**

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 750.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**CHRISTINE YORDAN**

Mailing Address 3208 LOCKE LANE

City	State	Zip Code
HOUSTON	TX	77019-6208

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 ▼  
1200.00

**Transaction ID : SA17.74535**

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**CHRISTINE YORDAN**

Mailing Address 3208 LOCKE LANE

City	State	Zip Code
HOUSTON	TX	77019-6208

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 ▼  
1200.00

**Transaction ID : SA17.74941**

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. JAMES L. YOUNG JR.**

Mailing Address 20 SEABROOK CT.

City	State	Zip Code
GREENVILLE	SC	29607-3625

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 ▼  
300.00

**Transaction ID : SA17.73338**

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 400.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**DR. JAMES L. YOUNG JR.**

Mailing Address **20 SEABROOK CT.**

City State Zip Code  
**GREENVILLE SC 29607-3625**

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 ▼  
**300.00**

**Transaction ID : SA17.74135**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 12 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MARY ZELENIK**

Mailing Address **500 JAMES CT**

City State Zip Code  
**SALEM VA 24153-3405**

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**

**Transaction ID : SA17.75161**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 16 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MARY ZELENIK**

Mailing Address **500 JAMES CT**

City State Zip Code  
**SALEM VA 24153-3405**

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**

**Transaction ID : SA17.75431**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 29 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page** (optional)..... **600.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN T. ZILCH**

Mailing Address **8598 CONCORD HILLS CIRCLE**

City State Zip Code  
**CINCINNATI OH 45243-1014**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17.74243**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 26 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. NELLY ZIMMERLI**

Mailing Address **104 MONTGOMERY CIRCLE**

City State Zip Code  
**SPARTANBURG SC 29302-3437**

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**

**Transaction ID : SA17.73856**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 17 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**KENNETH ZISES**

Mailing Address **160 BOYLSTON STREET  
2433**

City State Zip Code  
**CHESTNUT HILL MA 02467-2007**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF-EMPLOYED INVESTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**240.00**

**Transaction ID : SA17.74003**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 04 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**10.00**

**Subtotal Of Receipts This Page** (optional).....▶ **1260.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**KENNETH ZISES**

Mailing Address **160 BOYLSTON STREET**  
**2433**

City **CHESTNUT HILL** State **MA** Zip Code **02467-2007**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**240.00**

**Transaction ID : SA17.74180**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**5.00**

**B.** Full Name (Last, First, Middle Initial)  
**KENNETH ZISES**

Mailing Address **160 BOYLSTON STREET**  
**2433**

City **CHESTNUT HILL** State **MA** Zip Code **02467-2007**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**240.00**

**Transaction ID : SA17.74545**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**5.00**

**C.** Full Name (Last, First, Middle Initial)  
**KENNETH ZISES**

Mailing Address **160 BOYLSTON STREET**  
**2433**

City **CHESTNUT HILL** State **MA** Zip Code **02467-2007**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**240.00**

**Transaction ID : SA17.74968**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**15.00**

**Subtotal Of Receipts This Page** (optional)..... **25.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**KENNETH ZISES**

Mailing Address **160 BOYLSTON STREET**  
**2433**

City **CHESTNUT HILL** State **MA** Zip Code **02467-2007**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**240.00**

**Transaction ID : SA17.75169**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 15 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**5.00**

**B.** Full Name (Last, First, Middle Initial)  
**KENNETH ZISES**

Mailing Address **160 BOYLSTON STREET**  
**2433**

City **CHESTNUT HILL** State **MA** Zip Code **02467-2007**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**240.00**

**Transaction ID : SA17.75170**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 16 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**5.00**

**C.** Full Name (Last, First, Middle Initial)  
**KENNETH ZISES**

Mailing Address **160 BOYLSTON STREET**  
**2433**

City **CHESTNUT HILL** State **MA** Zip Code **02467-2007**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**240.00**

**Transaction ID : SA17.75436**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 28 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**5.00**

**Subtotal Of Receipts This Page** (optional)..... **15.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**KENNETH ZISES**

Mailing Address **160 BOYLSTON STREET**  
**2433**

City **CHESTNUT HILL** State **MA** Zip Code **02467-2007**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**240.00**

**Transaction ID : SA17.75437**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**5.00**

**B.** Full Name (Last, First, Middle Initial)  
**LYNN ZISES**

Mailing Address **610 WEST END AVENUE**

City **NEW YORK** State **NY** Zip Code **10024-1605**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ENTREPRENEUR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.73093**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 21 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN E. ZUCCOTTI**

Mailing Address **36 SECOND PACE**

City **BROOKLYN** State **NY** Zip Code **11231**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BROOKFIELD PROPERTIES** Occupation **CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.74391**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 08 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**2700.00**

**Subtotal Of Receipts This Page** (optional)..... **3705.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**B-4 HOLDINGS, LLC**

Mailing Address 219 S. RIDGE STREET

City	State	Zip Code
GEORGETOWN	SC	29440-2966

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.72984**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**PARTNERSHIP ATTRIBUTION REQUEST**

**B.** Full Name (Last, First, Middle Initial)  
**B-4 HOLDINGS, LLC**

Mailing Address 219 S. RIDGE STREET

City	State	Zip Code
GEORGETOWN	SC	29440-2966

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.72984B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
 REDESIGNATION TO GENERAL; PARTNERSHIP ATTRIBUTION REQUEST

**C.** Full Name (Last, First, Middle Initial)  
**B-4 HOLDINGS, LLC**

Mailing Address 219 S. RIDGE STREET

City	State	Zip Code
GEORGETOWN	SC	29440-2966

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75493**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
 REDESIGNATION FROM PRIMARY; PARTNERSHIP ATTRIBUTION REQUEST

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**B-4 HOLDINGS, LLC**

Mailing Address 219 S. RIDGE STREET

City State Zip Code  
GEORGETOWN SC 29440-2966

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7900.00

**Transaction ID : SA17.74260**

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

PARTNERSHIP ATTRIBUTION REQUEST

**B.** Full Name (Last, First, Middle Initial)  
**B-4 HOLDINGS, LLC**

Mailing Address 219 S. RIDGE STREET

City State Zip Code  
GEORGETOWN SC 29440-2966

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7900.00

**Transaction ID : SA17.74260B**

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
-200.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL; PARTNERSHIP ATTRIBUTION REQUEST

**C.** Full Name (Last, First, Middle Initial)  
**B-4 HOLDINGS, LLC**

Mailing Address 219 S. RIDGE STREET

City State Zip Code  
GEORGETOWN SC 29440-2966

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7900.00

**Transaction ID : SA17.75495**

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY; PARTNERSHIP ATTRIBUTION REQUEST

**Subtotal Of Receipts This Page** (optional).....▶ 2700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**CHANCE, LLC**

Mailing Address **P.O. BOX 2343**

City State Zip Code  
**GREENVILLE SC 29602-2343**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.68733**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 25 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**  
SEE ATTRIBUTION SEE ATTRIBUTION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN A. HAGINS JR.**

Mailing Address **1111 WEMBLEY ROAD**

City State Zip Code  
**GREENVILLE SC 29607-3374**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**COVINGTON PATRICK HAGINS LEWIS ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17.73468**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 20 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**  
PARTNERSHIP ATTRIBUTION SEE ATTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GREENSTART USA LLC**

Mailing Address **104 S. MAIN STREET  
9 FLOOR POINSETT PLAZA**

City State Zip Code  
**GREENVILLE SC 29601-2711**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17.69817**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 07 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

SEE ATTRIBUTION; SEE ATTRIBUTION BELOW

**Subtotal Of Receipts This Page** (optional)..... **1000.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 430 / 862

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>HENRY M. BURWELL</b>		<b>Transaction ID : SA17.73084</b>	
Mailing Address <b>202 HAMPTON AVE</b>		Date of Receipt MM / DD / YYYY <b>07 / 15 / 2015</b>	
City <b>GREENVILLE</b>	State <b>SC</b>	Zip Code <b>29601-1931</b>	
FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION		
Name of Employer <b>NELSON, MULLINS ET AL.</b>	Occupation <b>ATTORNEY</b>	Amount of Each Receipt this Period <b>1000.00</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	<b>[MEMO ITEM] PARTNERSHIP ATTRIBUTION SEE ATTRIBUTION</b>	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>HENRY MCMASTER ATTORNEY AT LAW LLC</b>		<b>Transaction ID : SA17.74261</b>	
Mailing Address <b>1419 PENDLETON STREET</b>		Date of Receipt MM / DD / YYYY <b>08 / 31 / 2015</b>	
City <b>COLUMBIA</b>	State <b>SC</b>	Zip Code <b>29201-3708</b>	
FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION		
Name of Employer	Occupation	Amount of Each Receipt this Period <b>1000.00</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	<b>ATTRIBUTION TO PARTNERS REQUESTED; PARTNERSHIP ATTRIBUTION REQUEST</b>	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>LAW OFFICES L. MORGAN MARTIN, PA</b>		<b>Transaction ID : SA17.75501</b>	
Mailing Address <b>1121 THIRD AVE</b>		Date of Receipt MM / DD / YYYY <b>09 / 30 / 2015</b>	
City <b>CONWAY</b>	State <b>SC</b>	Zip Code <b>29526-5103</b>	
FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION		
Name of Employer	Occupation	Amount of Each Receipt this Period <b>1000.00</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	<b>ATTRIBUTION TO PARTNERS REQUESTED; PARTNERSHIP ATTRIBUTION REQUEST</b>	

**Subtotal Of Receipts This Page** (optional)..... **2000.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**RALPH C. MCCULLOUGH, II LLC**

Mailing Address **P.O. BOX 939**

City	State	Zip Code
CHARLESTON	SC	29402-0939

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.74213**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

ATtribution TO PARTNERS REQUESTED;  
PARTNERSHIP ATTRIBUTION REQUEST

**B.** Full Name (Last, First, Middle Initial)  
**SHARP BUSINESS CONSULTING SERVICES, LLC**

Mailing Address **1320 MAIN STREET  
SUITE 300**

City	State	Zip Code
COLUMBIA	SC	29201-3266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.73883**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

SEE ATTRIBUTION; SEE ATTRIBUTION BELOW

**C.** Full Name (Last, First, Middle Initial)  
**MR. WAYNE SIMS**

Mailing Address **218 RED BAY ROAD**

City	State	Zip Code
COLUMBIA	SC	29045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SHARP BUSINESS CONSULTING SERVICES, LLC**  
OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1350.00

**Transaction ID : SA17.74311**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
PARTNERSHIP ATTRIBUTION SEE ATTRIBUTION

**Subtotal Of Receipts This Page** (optional).....▶ 1500.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**THE DAVIDSON LEGAL GROUP LLC**

Mailing Address **154 S. LIVINGSTON AVENUE  
SUITE 207**

City **LIVINGSTON** State **NJ** Zip Code **07039-3017**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

**Transaction ID : SA17.73511**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 28 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2000.00**

ATtribution TO PARTNERS REQUESTED;  
PARTNERSHIP ATTRIBUTION REQUEST

**B.** Full Name (Last, First, Middle Initial)  
**THEODORE HUGE LAW FIRM**

Mailing Address **1116 PHILLIPS PARK DR.**

City **MT PLEASANT** State **SC** Zip Code **29464-4665**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

**Transaction ID : SA17.75500**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2000.00**

ATtribution TO PARTNERS REQUESTED;  
PARTNERSHIP ATTRIBUTION REQUEST

**C.** Full Name (Last, First, Middle Initial)  
**TRIAD FINANCIAL LLC**

Mailing Address **P.O. BOX 5441**

City **SPARTANBURG** State **SC** Zip Code **29304-5441**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **4000.00**

**Transaction ID : SA17.74397**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 08 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**4000.00**

PARTNERSHIP ATTRIBUTION REQUEST

**Subtotal Of Receipts This Page** (optional)..... **8000.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**TRIAD FINANCIAL LLC**

Mailing Address P.O. BOX 5441

City State Zip Code  
SPARTANBURG SC 29304-5441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

**Transaction ID : SA17.74397B**

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
-1300.00

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL; PARTNERSHIP ATTRIBUTION REQUEST

**B.** Full Name (Last, First, Middle Initial)  
**TRIAD FINANCIAL LLC**

Mailing Address P.O. BOX 5441

City State Zip Code  
SPARTANBURG SC 29304-5441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

**Transaction ID : SA17.75006**

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
1300.00

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY; PARTNERSHIP ATTRIBUTION REQUEST

**C.** Full Name (Last, First, Middle Initial)  
**WELLS FARGO ADVISORS LLC**

Mailing Address ONE NORTH JEFFERSON

City State Zip Code  
ST. LOUIS MO 63103-2205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.74215**

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
250.00

PARTNERSHIP ATTRIBUTION REQUEST

Subtotal Of Receipts This Page (optional).....▶ 250.00

Total This Period (last page this line number only).....▶ 785560.60

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**STEVE CHABOT FOR CONGRESS**

Mailing Address **632 VINE STREET, SUITE 805**

City **CINCINNATI** State **OH** Zip Code **45202-2441**

FEC ID number of contributing federal political committee. **C C00301838**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

**Transaction ID : SA17.74212**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

									250.00

**B.** Full Name (Last, First, Middle Initial)  
**ADVANCE AMERICA CASH ADVANCE CENTERS INC PAC**

Mailing Address **135 N CHUCH STREET**

City **SPARTANBURG** State **SC** Zip Code **29306-5138**

FEC ID number of contributing federal political committee. **C C00429001**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

**Transaction ID : SA17.74396**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

									1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CB&I PAC**

Mailing Address **1050 K STREET NW**

City **WASHINGTON** State **DC** Zip Code **20001-4417**

FEC ID number of contributing federal political committee. **C C00104885**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **4500.00**

**Transaction ID : SA17.73085**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			21			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

									2500.00

**Subtotal Of Receipts This Page** (optional).....▶ 

									3750.00
--	--	--	--	--	--	--	--	--	---------

**Total This Period** (last page this line number only).....▶ 

--	--	--	--	--	--	--	--	--	--

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**COUNTRY FIRST PAC**

Mailing Address **228 S. WASHINGTON STREET**

City	State	Zip Code
ALEXANDRIA	VA	22314-5408

FEC ID number of contributing federal political committee. **C C00457705**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

**Transaction ID : SA17.70014**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**GENERAL ELECTRIC COMPANY PAC**

Mailing Address **1299 PENNSYLVANIA AVE NW # 1100**

City	State	Zip Code
WASHINGTON	DC	20004-2414

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

**Transaction ID : SA17.74714**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**NEW REPUBLICAN MAJORITY FUND**

Mailing Address **PO BOX 53176**

City	State	Zip Code
WASHINGTON	DC	20009-9176

FEC ID number of contributing federal political committee. **C C00219220**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17.73820**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

CONTRIBUTION

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 11000.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**NOR PAC**

Mailing Address PO BOX 1543

City State Zip Code  
ENGLEWOOD CLIFFS NJ 07632-0543

FEC ID number of contributing federal political committee. **C** C00247403

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.73723**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**RESOLUTE FOREST PRODUCTS PAC**

Mailing Address 3502 REGENTS PARK CT.

City State Zip Code  
ARLINGTON TX 76017-4695

FEC ID number of contributing federal political committee. **C** C00350884

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.70009**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....▶ 2000.00

**Total This Period** (last page this line number only).....▶ 16750.00

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input checked="" type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**TEAM GRAHAM, INC**

Mailing Address **PO BOX 1801**

City	State	Zip Code
<b>COLUMBIA</b>	<b>SC</b>	<b>29202</b>

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1725000.00**

**Transaction ID : SA18.222**

Date of Receipt

M M / D D / Y Y Y Y
<b>09 / 30 / 2015</b>

**TRANSFER**

Amount of Each Receipt this Period

<b>200000.00</b>
------------------

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y
---------------------

Amount of Each Receipt this Period

--

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y
---------------------

Amount of Each Receipt this Period

--

**Subtotal Of Receipts This Page** (optional).....▶ **200000.00**

**Total This Period** (last page this line number only).....▶ **200000.00**

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**BB&T**

Mailing Address **2200 WILSON BLVD**  
**SUITE 100**

City **ARLINGTON** State **VA** Zip Code **22201**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**10.06**

**Transaction ID : SA21.223**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

**INTEREST EARNED**

Amount of Each Receipt this Period  
**2.12**

**B.** Full Name (Last, First, Middle Initial)  
**BB&T**

Mailing Address **2200 WILSON BLVD**  
**SUITE 100**

City **ARLINGTON** State **VA** Zip Code **22201**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**10.06**

**Transaction ID : SA21.224**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

**INTEREST EARNED**

Amount of Each Receipt this Period  
**3.08**

**C.** Full Name (Last, First, Middle Initial)  
**BB&T**

Mailing Address **2200 WILSON BLVD**  
**SUITE 100**

City **ARLINGTON** State **VA** Zip Code **22201**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**10.06**

**Transaction ID : SA21.225**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

**INTEREST EARNED**

Amount of Each Receipt this Period  
**3.08**

**Subtotal Of Receipts This Page** (optional).....▶ **8.28**

**Total This Period** (last page this line number only).....▶ **8.28**

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDRIA ABIKHALED</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 320 PARK ROAD		<b>Transaction ID : SB23.9032</b>
City LEXINGTON	State SC	
Purpose of Disbursement TELEPHONE REIMBURSEMENT	Category/ Type	Amount of Each Disbursement this Period 46.58
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. ALEXANDRIA ABIKHALED</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 320 PARK ROAD		<b>Transaction ID : SB23.9033</b>
City LEXINGTON	State SC	
Purpose of Disbursement PAYROLL	Category/ Type	Amount of Each Disbursement this Period 1005.35
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. ALEXANDRIA ABIKHALED</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 320 PARK ROAD		<b>Transaction ID : SB23.9034</b>
City LEXINGTON	State SC	
Purpose of Disbursement PAYROLL	Category/ Type	Amount of Each Disbursement this Period 1005.35
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 2057.28

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDRIA ABIKHALED</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 320 PARK ROAD		<b>Transaction ID : SB23.9035</b>
City LEXINGTON	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1005.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. ALEXANDRIA ABIKHALED</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 320 PARK ROAD		<b>Transaction ID : SB23.9036</b>
City LEXINGTON	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1005.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. ALEXANDRIA ABIKHALED</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 320 PARK ROAD		<b>Transaction ID : SB23.9037</b>
City LEXINGTON	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1005.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 3016.05

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 441 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. KAREN ADAMO</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 19808 BETHPAGE COURT		<b>Transaction ID : SB23.9323</b>
City ASHBURN	State VA	
Purpose of Disbursement FINANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 12000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. KAREN ADAMO</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 19808 BETHPAGE COURT		<b>Transaction ID : SB23.9324</b>
City ASHBURN	State VA	
Purpose of Disbursement FINANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 12000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. KAREN ADAMO</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 19808 BETHPAGE COURT		<b>Transaction ID : SB23.9325</b>
City ASHBURN	State VA	
Purpose of Disbursement FINANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 12000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 36000.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CALEB ALLEN</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 115-A CHARLES REED RD		<b>Transaction ID : SB23.9091</b>
City STARR	State SC	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 895.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. CHAD BARTH</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1028 S WALTER REED DR, #624		<b>Transaction ID : SB23.9135</b>
City ARLINGTON	State VA	
Purpose of Disbursement REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 385.27
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1030 DELTA BLVD		<b>Transaction ID : SBINDUV90.82</b>
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 385.27
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

<b>Subtotal Of Receipts This Page</b> (optional).....	895.71
<b>Total This Period</b> (last page this line number only).....	

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DENISE BAULD</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 239 E. QUEEN STREET		<b>Transaction ID : SB23.9206</b>
City PENDLETON	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1042.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. DENISE BAULD</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 239 E. QUEEN STREET		<b>Transaction ID : SB23.9207</b>
City PENDLETON	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1042.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. DENISE BAULD</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 239 E. QUEEN STREET		<b>Transaction ID : SB23.9208</b>
City PENDLETON	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1042.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Subtotal Of Receipts This Page (optional)..... 3128.07

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DENISE BAULD</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 239 E. QUEEN STREET		<b>Transaction ID : SB23.9209</b>
City PENDLETON	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1042.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. DENISE BAULD</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 239 E. QUEEN STREET		<b>Transaction ID : SB23.9210</b>
City PENDLETON	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1042.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. DENISE BAULD</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 239 E. QUEEN STREET		<b>Transaction ID : SB23.9211</b>
City PENDLETON	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1795.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Subtotal Of Receipts This Page (optional)..... 3880.72

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 445 / 862

23    24    25    26    27a  
 27b    28a    28b    28c    29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)  
**A. MARY JEAN BAXLEY**

Mailing Address 1817 LAKE CAROLINA DR

City COLUMBIA State SC Zip Code 29229

Purpose of Disbursement REIMBURSEMENT- MILEAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 09 / 03 / 2015

Transaction ID : SB23.9351

Amount of Each Disbursement this Period: 654.03

Category/Type

Full Name (Last, First, Middle Initial)  
**B. KEVIN BISHOP**

Mailing Address 100 GEMSTONE TRAIL

City EASLEY State SC Zip Code 29640

Purpose of Disbursement TRAVEL REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 23 / 2015

Transaction ID : SB23.9334

Amount of Each Disbursement this Period: 892.37

Category/Type

Full Name (Last, First, Middle Initial)  
**C. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 23 / 2015

Transaction ID : SBINDUV90.47

Amount of Each Disbursement this Period: 368.10

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 1546.40

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		<b>Transaction ID : SBINDUV90.48</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 422.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		<b>Transaction ID : SBINDUV90.49</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		<b>Transaction ID : SBINDUV90.50</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. KEVIN BISHOP</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 100 GEMSTONE TRAIL		<b>Transaction ID : SB23.9335</b>
City EASLEY	State SC	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Category/ Type	Amount of Each Disbursement this Period 634.44
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 2702 LOVE FIELD DR		<b>Transaction ID : SBINDUV90.28</b>
City DALLAS	State TX	
Purpose of Disbursement TRAVEL	Category/ Type	Amount of Each Disbursement this Period 520.49
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C. MERCEDES BLACKWOOD</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 1866 SHOUP AVENUE E		<b>Transaction ID : SB23.9361</b>
City TWIN FALLS	State ID	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type	Amount of Each Disbursement this Period 357.65
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 992.09

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. MERCEDES BLACKWOOD</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 1866 SHOUP AVENUE E		<b>Transaction ID : SB23.9362</b>
City TWIN FALLS	State ID 83301	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type	Amount of Each Disbursement this Period 299.44
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MERCEDES BLACKWOOD</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1866 SHOUP AVENUE E		<b>Transaction ID : SB23.9363</b>
City TWIN FALLS	State ID 83301	
Purpose of Disbursement PAYROLL	Category/Type	Amount of Each Disbursement this Period 1265.84
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MERCEDES BLACKWOOD</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 1866 SHOUP AVENUE E		<b>Transaction ID : SB23.9364</b>
City TWIN FALLS	State ID 83301	
Purpose of Disbursement PAYROLL	Category/Type	Amount of Each Disbursement this Period 1265.84
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 2831.12

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. MERCEDES BLACKWOOD</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 1866 SHOUP AVENUE E		<b>Transaction ID : SB23.9365</b>
City TWIN FALLS	State ID 83301	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1265.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. MERCEDES BLACKWOOD</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 1866 SHOUP AVENUE E		<b>Transaction ID : SB23.9366</b>
City TWIN FALLS	State ID 83301	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1265.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. MERCEDES BLACKWOOD</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 1866 SHOUP AVENUE E		<b>Transaction ID : SB23.9367</b>
City TWIN FALLS	State ID 83301	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1265.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 3797.52

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN BOWEN</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 17 ANTHONY DRIVE		<b>Transaction ID : SB23.9522</b>
City LONDONDERRY	State NH	
Zip Code 03053	Purpose of Disbursement MILEAGE REIMBURSEMENT	Amount of Each Disbursement this Period 1066.64
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STEPHEN BOWEN</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 17 ANTHONY DRIVE		<b>Transaction ID : SB23.9523</b>
City LONDONDERRY	State NH	
Zip Code 03053	Purpose of Disbursement REIMBURSEMENT	Amount of Each Disbursement this Period 1184.79
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. OCEAN STATE</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 375 COMMERCE PARK ROAD		<b>Transaction ID : SBINDUV90.31</b>
City NORTH KINGSTOWN	State RI	
Zip Code 02852	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 519.79
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2251.43

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN BOWEN</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 17 ANTHONY DRIVE		<b>Transaction ID : SB23.9524</b>
City LONDONDERRY	State NH	
Zip Code 03053	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1193.84
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STEPHEN BOWEN</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 17 ANTHONY DRIVE		<b>Transaction ID : SB23.9525</b>
City LONDONDERRY	State NH	
Zip Code 03053	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1193.84
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STEPHEN BOWEN</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 17 ANTHONY DRIVE		<b>Transaction ID : SB23.9526</b>
City LONDONDERRY	State NH	
Zip Code 03053	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1193.84
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 3581.52

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN BOWEN</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 17 ANTHONY DRIVE		<b>Transaction ID : SB23.9527</b>
City LONDONDERRY	State NH	
Zip Code 03053	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1193.84
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STEPHEN BOWEN</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 17 ANTHONY DRIVE		<b>Transaction ID : SB23.9528</b>
City LONDONDERRY	State NH	
Zip Code 03053	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1193.84
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STEPHEN BOWEN</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 17 ANTHONY DRIVE		<b>Transaction ID : SB23.9529</b>
City LONDONDERRY	State NH	
Zip Code 03053	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1193.84
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 3581.52

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

**A. BRITTANY BRAMELL**

Full Name (Last, First, Middle Initial)

Mailing Address 2313 LENNOX COURT

City LIVERMORE State CA Zip Code 94550

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 30 / 2015

Transaction ID : SB23.9081

Amount of Each Disbursement this Period: 13570.32

Category/Type

**B. 1910 GRILL**

Full Name (Last, First, Middle Initial)

Mailing Address 15 W. STATE STREET

City MASON CITY State IA Zip Code 50401

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 30 / 2015

Transaction ID : SBINDUV90.22

Amount of Each Disbursement this Period: 312.00

Category/Type

[MEMO ITEM]

**C. 1910 GRILL**

Full Name (Last, First, Middle Initial)

Mailing Address 15 W. STATE STREET

City MASON CITY State IA Zip Code 50401

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 30 / 2015

Transaction ID : SBINDUV90.23

Amount of Each Disbursement this Period: 312.00

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... → 13570.32

Total This Period (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 454 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CSI RENTALS NNI</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 133 WEST 19TH STREET		<b>Transaction ID : SBINDUV90.21</b>
City NEW YORK	State NY	
Zip Code 10011	Purpose of Disbursement EVENT SETUP/EQUIPMENT RENTAL	Amount of Each Disbursement this Period 357.63
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EMBASSY SUITES</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SBINDUV90.62</b>
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 37.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EMBASSY SUITES</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SBINDUV90.63</b>
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 274.25
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. EMBASSY SUITES</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SBINDUV90.64
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 286.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. EMBASSY SUITES</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SBINDUV90.65
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 274.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. EMBASSY SUITES</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SBINDUV90.66
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 201.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. EMBASSY SUITES</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SBINDUV90.67</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 201.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SBINDUV90.71</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 421.83
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SBINDUV90.72</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 487.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 457 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : <b>SBINDUV90.73</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 559.57
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : <b>SBINDUV90.74</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 236.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : <b>SBINDUV90.75</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 244.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : <b>SBINDUV90.76</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 244.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : <b>SBINDUV90.77</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 299.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : <b>SBINDUV90.78</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 487.82
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 459 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HOLIDAY INN</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		Transaction ID : SBINDUV90.29
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 190.35	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. HOLIDAY INN</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		Transaction ID : SBINDUV90.30
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 200.35	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. INTERACTIVE VISION</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 248 WEST 35TH STREET		Transaction ID : SBINDUV90.27
City NEW YORK State NY Zip Code 10001	Amount of Each Disbursement this Period 865.56	
Purpose of Disbursement EVENT SETUP/EQUIPMENT RENTAL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SBINDUV90.10
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 995.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SBINDUV90.11
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 346.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SBINDUV90.12
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 693.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SBINDUV90.13
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 877.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SBINDUV90.9
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 731.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. NATIONAL CAR RENTAL</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 600 CORPORATE PARK DRIVE		Transaction ID : SBINDUV90.56
City ST. LOUIS	State MO	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 564.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. THE LONG ROOM</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 120 W 44TH ST		Transaction ID : SBINDUV90.19
City NEW YORK	State NY	
Zip Code 10036	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 208.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : SBINDUV90.44
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 435.10
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : SBINDUV90.45
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 303.10
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. BRITTANY BRAMELL</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 2313 LENNOX COURT		<b>Transaction ID : SB23.9082</b>
City LIVERMORE	State CA	
Purpose of Disbursement REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 1827.13
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. BRITTANY BRAMELL</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 2313 LENNOX COURT		<b>Transaction ID : SB23.9083</b>
City LIVERMORE	State CA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 3204.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. BRITTANY BRAMELL</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 2313 LENNOX COURT		<b>Transaction ID : SB23.9084</b>
City LIVERMORE	State CA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 3204.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 8235.81

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. BRITTANY BRAMELL</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 2313 LENNOX COURT		<b>Transaction ID : SB23.9085</b>
City LIVERMORE	State CA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 3204.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. BRITTANY BRAMELL</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 2313 LENNOX COURT		<b>Transaction ID : SB23.9086</b>
City LIVERMORE	State CA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 3204.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. BRITTANY BRAMELL</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 2313 LENNOX COURT		<b>Transaction ID : SB23.9087</b>
City LIVERMORE	State CA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 3204.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 9613.02

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 465 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. BRITTANY BRAMELL</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 2313 LENNOX COURT		<b>Transaction ID : SB23.9088</b>
City LIVERMORE	State CA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 3204.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. HERBERT CATO</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 201 SHADOW RIDGE CIRCLE		<b>Transaction ID : SB23.9263</b>
City SIMPSONVILLE	State SC	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 108.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. TYLER CHURCH</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 21951 SE BOHNA PARK ROAD		<b>Transaction ID : SB23.9579</b>
City DAMASCUS	State OR	
Purpose of Disbursement REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 2053.33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 5365.77

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. TYLER CHURCH</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 21951 SE BOHNA PARK ROAD		<b>Transaction ID : SB23.9580</b>
City DAMASCUS	State OR	
Purpose of Disbursement REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 1666.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. TYLER CHURCH</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 21951 BOHNA PARK ROAD		<b>Transaction ID : SB23.9581</b>
City DAMASCUS	State OR	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1320.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. TYLER CHURCH</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 21951 BOHNA PARK ROAD		<b>Transaction ID : SB23.9582</b>
City DAMASCUS	State OR	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1320.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 4307.44

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. TYLER CHURCH</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 21951 BOHNA PARK ROAD		<b>Transaction ID : SB23.9583</b>
City DAMASCUS	State OR	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1320.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. TYLER CHURCH</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 21951 BOHNA PARK ROAD		<b>Transaction ID : SB23.9584</b>
City DAMASCUS	State OR	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1320.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. TYLER CHURCH</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 21951 BOHNA PARK ROAD		<b>Transaction ID : SB23.9585</b>
City DAMASCUS	State OR	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1320.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 3960.90

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23  24  25  26  27a  
 27b  28a  28b  28c  29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)  
**A. TYLER CHURCH**

Mailing Address 21951 BOHNA PARK ROAD

City DAMASCUS State OR Zip Code 97089

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement MM / DD / YYYY: 09 / 17 / 2015

**Transaction ID : SB23.9586**

Amount of Each Disbursement this Period: 1320.30

Category/Type

Full Name (Last, First, Middle Initial)  
**B. ELIZABETH CONATSER**

Mailing Address 1525 KEARNY STREET NE

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement MM / DD / YYYY: 08 / 14 / 2015

**Transaction ID : SB23.9238**

Amount of Each Disbursement this Period: 2444.81

Category/Type

Full Name (Last, First, Middle Initial)  
**C. ELIZABETH CONATSER**

Mailing Address 1525 KEARNY STREET NE

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement MM / DD / YYYY: 07 / 30 / 2015

**Transaction ID : SB23.9239**

Amount of Each Disbursement this Period: 12500.00

Category/Type

**Subtotal Of Receipts This Page** (optional)..... 16265.11

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

 Use separate schedule(s)  
for each category of the  
Detailed Summary Page

 FOR LINE NUMBER:  
(check only one)

PAGE 469 / 862

 23  24  25  26  27a  
 27b  28a  28b  28c  29

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)

**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH CONATSER**

Mailing Address 1525 KEARNY STREET NE

 City State Zip Code  
 WASHINGTON DC 20017

 Purpose of Disbursement  
 FINANCE CONSULTING

Candidate Name

 Category/  
Type

 Office Sought:  House  
 Senate  
 President

 Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

 M M / D D / Y Y Y Y  
 07 / 01 / 2015
**Transaction ID : SB23.9240**

Amount of Each Disbursement this Period

 , , .  
 12500.00

Full Name (Last, First, Middle Initial)

**B. ELIZABETH CONATSER**

Mailing Address 1525 KEARNY STREET NE

 City State Zip Code  
 WASHINGTON DC 20017

 Purpose of Disbursement  
 FINANCE CONSULTING

Candidate Name

 Category/  
Type

 Office Sought:  House  
 Senate  
 President

 Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

 M M / D D / Y Y Y Y  
 09 / 03 / 2015
**Transaction ID : SB23.9241**

Amount of Each Disbursement this Period

 , , .  
 13033.34

Full Name (Last, First, Middle Initial)

**C. NICHOLAS CONNORS**

Mailing Address 29 MEADOWOOD LANE

 City State Zip Code  
 GLEN HEAD NY 11545

 Purpose of Disbursement  
 PAYROLL

Candidate Name

 Category/  
Type

 Office Sought:  House  
 Senate  
 President

 Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

 M M / D D / Y Y Y Y  
 07 / 03 / 2015
**Transaction ID : SB23.9392**

Amount of Each Disbursement this Period

 , , .  
 2150.69

Subtotal Of Receipts This Page (optional).....

 , , .  
 27684.03

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 470 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. NICHOLAS CONNORS</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 29 MEADOWOOD LANE		<b>Transaction ID : SB23.9393</b>
City GLEN HEAD	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2198.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS CONNORS</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 29 MEADOWOOD LANE		<b>Transaction ID : SB23.9394</b>
City GLEN HEAD	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2198.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. NICHOLAS CONNORS</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 29 MEADOWOOD LANE		<b>Transaction ID : SB23.9395</b>
City GLEN HEAD	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2198.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 6596.43

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. NICHOLAS CONNORS</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 29 MEADOWOOD LANE		<b>Transaction ID : SB23.9396</b>
City GLEN HEAD	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2198.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS CONNORS</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 29 MEADOWOOD LANE		<b>Transaction ID : SB23.9397</b>
City GLEN HEAD	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2198.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. JOHN COONEY</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 6400 FALLBROOK ROAD		<b>Transaction ID : SB23.9300</b>
City EDEN PRAIRIE	State MN	
Purpose of Disbursement REIMBURSEMENT FOR OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 225.52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 4623.14

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JOHN COONEY</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 6400 FALLBROOK ROAD		<b>Transaction ID : SB23.9301</b>
City EDEN PRAIRIE	State MN	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4420.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. JOHN COONEY</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 6400 FALLBROOK ROAD		<b>Transaction ID : SB23.9302</b>
City EDEN PRAIRIE	State MN	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4420.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. JOHN COONEY</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 6400 FALLBROOK ROAD		<b>Transaction ID : SB23.9303</b>
City EDEN PRAIRIE	State MN	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4420.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 13260.96

**Total This Period** (last page this line number only).....



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 473 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JOHN COONEY</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 6400 FALLBROOK ROAD		<b>Transaction ID : SB23.9304</b>
City EDEN PRAIRIE	State MN	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4420.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. JOHN COONEY</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 6400 FALLBROOK ROAD		<b>Transaction ID : SB23.9305</b>
City EDEN PRAIRIE	State MN	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4420.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. JOHN COONEY</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 6400 FALLBROOK ROAD		<b>Transaction ID : SB23.9306</b>
City EDEN PRAIRIE	State MN	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4420.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Subtotal Of Receipts This Page (optional)..... 13260.96

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. PATRICK DESTEFANO</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 500 LOCUST GROVE		<b>Transaction ID : SB23.9430</b>
City SPARTANBURG	State SC	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 644.91
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. PATRICK DESTEFANO</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 500 LOCUST GROVE		<b>Transaction ID : SB23.9431</b>
City SPARTANBURG	State SC	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 579.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. PATRICK DESTEFANO</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 500 LOCUST GROVE		<b>Transaction ID : SB23.9432</b>
City SPARTANBURG	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 929.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 2154.45

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 475 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. PATRICK DESTEFANO</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 500 LOCUST GROVE		<b>Transaction ID : SB23.9433</b>
City SPARTANBURG	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 929.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. PATRICK DESTEFANO</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 500 LOCUST GROVE		<b>Transaction ID : SB23.9434</b>
City SPARTANBURG	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 929.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. PATRICK DESTEFANO</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 500 LOCUST GROVE		<b>Transaction ID : SB23.9435</b>
City SPARTANBURG	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 929.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 2788.74

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

**A. PATRICK DESTEFANO**

Full Name (Last, First, Middle Initial)

Mailing Address 500 LOCUST GROVE

City SPARTANBURG State SC Zip Code 29303

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 09 / 17 / 2015

Transaction ID : SB23.9436

Amount of Each Disbursement this Period: 929.58

Category/Type

**B. JOSEPH DOIRON**

Full Name (Last, First, Middle Initial)

Mailing Address 24 COUNTRY CLUB DRIVE, APT 9

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 14 / 2015

Transaction ID : SB23.9309

Amount of Each Disbursement this Period: 2367.65

Category/Type

**C. AMERICAN LEGION**

Full Name (Last, First, Middle Initial)

Mailing Address 700 N. PENNSYLVANIA ST  
PO BOX 1055

City INDIANAPOLIS State IN Zip Code 46206

Purpose of Disbursement FACILITY RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 14 / 2015

Transaction ID : SBINDUV90.60

Amount of Each Disbursement this Period: 300.00

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 3297.23

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 600 CORPORATE PARK DR		<b>Transaction ID : SBINDUV90.52</b>
City ST LOUIS	State MO	
Zip Code 63105	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 280.94
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 600 CORPORATE PARK DR		<b>Transaction ID : SBINDUV90.53</b>
City ST LOUIS	State MO	
Zip Code 63105	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 440.50
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 600 CORPORATE PARK DR		<b>Transaction ID : SBINDUV90.54</b>
City ST LOUIS	State MO	
Zip Code 63105	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 734.17
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JOSEPH DOIRON</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 24 COUNTRY CLUB DR., APT 9		<b>Transaction ID : SB23.9310</b>
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1919.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. JOSEPH DOIRON</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 24 COUNTRY CLUB DR., APT 9		<b>Transaction ID : SB23.9311</b>
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1919.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH DOIRON</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 24 COUNTRY CLUB DR., APT 9		<b>Transaction ID : SB23.9312</b>
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1919.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

**Subtotal Of Receipts This Page** (optional)..... → 5757.90

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JOSEPH DOIRON</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 24 COUNTRY CLUB DR., APT 9		<b>Transaction ID : SB23.9313</b>
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1919.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JOSEPH DOIRON</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 24 COUNTRY CLUB DR., APT 9		<b>Transaction ID : SB23.9314</b>
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1919.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH DOIRON</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 24 COUNTRY CLUB DR., APT 9		<b>Transaction ID : SB23.9315</b>
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1919.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 5757.90

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JORDAN ELMQUIST</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 2 ABBEY GARDENS LANE		<b>Transaction ID : SB23.9308</b>
City SIMPSONVILLE	State SC	
Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT	Candidate Name	Amount of Each Disbursement this Period 90.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. ALEXANDER ETGETON</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 350 SW 2ND ST., #312		<b>Transaction ID : SB23.9018</b>
City DES MOINES	State IA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 583.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. ALEXANDER ETGETON</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 350 SOUTHWEST 2ND ST, APT 312		<b>Transaction ID : SB23.9019</b>
City DES MOINES	State IA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1323.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 1996.45

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER ETGETON</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 350 SOUTHWEST 2ND ST, APT 312		<b>Transaction ID : SB23.9020</b>
City DES MOINES	State IA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1323.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. ALEXANDER ETGETON</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 350 SOUTHWEST 2ND ST, APT 312		<b>Transaction ID : SB23.9021</b>
City DES MOINES	State IA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1323.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. ALEXANDER ETGETON</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 350 SOUTHWEST 2ND ST, APT 312		<b>Transaction ID : SB23.9022</b>
City DES MOINES	State IA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1323.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 3969.30

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER ETGETON</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 350 SOUTHWEST 2ND ST, APT 312		<b>Transaction ID : SB23.9023</b>
City DES MOINES	State IA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1323.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. ALEXANDER ETGETON</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 350 SOUTHWEST 2ND ST, APT 312		<b>Transaction ID : SB23.9024</b>
City DES MOINES	State IA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1323.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. SCOTT FARMER</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 126 CEDAR CREST LANE		<b>Transaction ID : SB23.9485</b>
City IRMO	State SC	
Purpose of Disbursement REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 6963.54
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 9609.74

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. COURTYARD BY MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SBINDUV90.15
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 206.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. COURTYARD BY MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SBINDUV90.16
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 418.02
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. EMBASSY SUITES</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SBINDUV90.68
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 263.92
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. EMBASSY SUITES</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SBINDUV90.69</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 263.92
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. EMBASSY SUITES</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SBINDUV90.70</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 282.54
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		<b>Transaction ID : SBINDUV90.32</b>
City MEMPHIS	State TN	
Purpose of Disbursement DELIVERY	Candidate Name	Amount of Each Disbursement this Period 26.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. FEDEX</b>		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
Mailing Address <b>3875 AIRWAYS, MODULE H3 DEPARTMENT</b>		<b>Transaction ID : SBINDUV90.33</b>
City <b>MEMPHIS</b>	State <b>TN</b>	
Purpose of Disbursement <b>DELIVERY</b>	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="28.43"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: _____ District: _____		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. FEDEX</b>		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
Mailing Address <b>3875 AIRWAYS, MODULE H3 DEPARTMENT</b>		<b>Transaction ID : SBINDUV90.34</b>
City <b>MEMPHIS</b>	State <b>TN</b>	
Purpose of Disbursement <b>DELIVERY</b>	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="27.38"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: _____ District: _____		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. FEDEX</b>		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
Mailing Address <b>3875 AIRWAYS, MODULE H3 DEPARTMENT</b>		<b>Transaction ID : SBINDUV90.35</b>
City <b>MEMPHIS</b>	State <b>TN</b>	
Purpose of Disbursement <b>DELIVERY</b>	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="25.64"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : <b>SBINDUV90.36</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 112.32	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : <b>SBINDUV90.37</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 44.18	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : <b>SBINDUV90.38</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 27.34	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 487 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SBINDUV90.39
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 1.37	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SBINDUV90.40
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 25.39	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SBINDUV90.41
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 16.11	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SBINDUV90.42
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 25.75	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SBINDUV90.43
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 18.55	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : SBINDUV90.79
City TYSONS CORNER State VA Zip Code 22102	Amount of Each Disbursement this Period 150.75	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 489 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SBINDUV90.80</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 0.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SBINDUV90.81</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 0.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 10400 FERNWOOD RD		<b>Transaction ID : SBINDUV90.14</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 0.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL CAR RENTAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015	
Mailing Address 600 CORPORATE PARK DRIVE		<b>Transaction ID : SBINDUV90.57</b>	
City ST. LOUIS State MO Zip Code 63105	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 89.60	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	
Full Name (Last, First, Middle Initial) <b>B. NATIONAL CAR RENTAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015	
Mailing Address 600 CORPORATE PARK DRIVE		<b>Transaction ID : SBINDUV90.58</b>	
City ST. LOUIS State MO Zip Code 63105	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 293.24	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	
Full Name (Last, First, Middle Initial) <b>C. NATIONAL CAR RENTAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015	
Mailing Address 600 CORPORATE PARK DRIVE		<b>Transaction ID : SBINDUV90.59</b>	
City ST. LOUIS State MO Zip Code 63105	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 129.10	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. RESIDENCE INN</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : SBINDUV90.17
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 595.12
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : SBINDUV90.46
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 446.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. SCOTT FARMER</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 126 CEDAR CREST LANE		Transaction ID : SB23.9486
City IRMO	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4453.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 4453.01

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SCOTT FARMER</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 126 CEDAR CREST LANE		<b>Transaction ID : SB23.9487</b>
City IRMO State SC Zip Code 29063	Amount of Each Disbursement this Period 4453.01	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SCOTT FARMER</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 126 CEDAR CREST LANE		<b>Transaction ID : SB23.9488</b>
City IRMO State SC Zip Code 29063	Amount of Each Disbursement this Period 4453.01	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SCOTT FARMER</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 126 CEDAR CREST LANE		<b>Transaction ID : SB23.9489</b>
City IRMO State SC Zip Code 29063	Amount of Each Disbursement this Period 4453.01	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 13359.03

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SCOTT FARMER</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 126 CEDAR CREST LANE		<b>Transaction ID : SB23.9490</b>
City IRMO State SC Zip Code 29063	Amount of Each Disbursement this Period 4453.01	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SCOTT FARMER</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 126 CEDAR CREST LANE		<b>Transaction ID : SB23.9491</b>
City IRMO State SC Zip Code 29063	Amount of Each Disbursement this Period 4453.01	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BRETT FINLEY</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 108 PINE LAKE DR		<b>Transaction ID : SB23.9079</b>
City EASLEY State SC Zip Code 29642	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

**Subtotal Of Receipts This Page** (optional)..... 9206.02

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 494 / 862

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

**A. MAX FLEMMING**

Full Name (Last, First, Middle Initial)

Mailing Address **MSC 0921 THE CITADEL STATION**

City **CHARLESTON** State **SC** Zip Code **29409**

Purpose of Disbursement  
**REIMBURSEMENT FOR MILEAGE & FOOD AND BEVERAGE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **09 / 03 / 2015**

**Transaction ID : SB23.9358**

Amount of Each Disbursement this Period: **59.07**

Category/Type

**B. KAITLIN FORAN**

Full Name (Last, First, Middle Initial)

Mailing Address **229 TRILLIUM AVENUE**

City **SUMMERVILLE** State **SC** Zip Code **29483**

Purpose of Disbursement  
**MILEAGE REIMBURSEMENT**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **08 / 14 / 2015**

**Transaction ID : SB23.9316**

Amount of Each Disbursement this Period: **527.59**

Category/Type

**C. KAITLIN FORAN**

Full Name (Last, First, Middle Initial)

Mailing Address **229 TRILLIUM AVENUE**

City **SUMMERVILLE** State **SC** Zip Code **29483**

Purpose of Disbursement  
**MILEAGE REIMBURSEMENT**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **09 / 03 / 2015**

**Transaction ID : SB23.9317**

Amount of Each Disbursement this Period: **748.43**

Category/Type

**Subtotal Of Receipts This Page** (optional)..... **1335.09**

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 495 / 862

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. KAITLIN FORAN</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 229 TRILLIUM AVENUE		<b>Transaction ID : SB23.9318</b>
City SUMMERVILLE      State SC      Zip Code 29483	Amount of Each Disbursement this Period 1101.99	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:      District:	

Full Name (Last, First, Middle Initial) <b>B. KAITLIN FORAN</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 229 TRILLIUM AVENUE		<b>Transaction ID : SB23.9319</b>
City SUMMERVILLE      State SC      Zip Code 29483	Amount of Each Disbursement this Period 1101.99	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:      District:	

Full Name (Last, First, Middle Initial) <b>C. KAITLIN FORAN</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 229 TRILLIUM AVENUE		<b>Transaction ID : SB23.9320</b>
City SUMMERVILLE      State SC      Zip Code 29483	Amount of Each Disbursement this Period 1101.99	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:      District:	

**Subtotal Of Receipts This Page** (optional)..... → 3305.97

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. KAITLIN FORAN</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 229 TRILLIUM AVENUE		<b>Transaction ID : SB23.9321</b>
City SUMMERVILLE	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1101.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. KAITLIN FORAN</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 229 TRILLIUM AVENUE		<b>Transaction ID : SB23.9322</b>
City SUMMERVILLE	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1101.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. CHRIS FOX</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 6762 NW 56TH ST		<b>Transaction ID : SB23.9144</b>
City JOHNSTON	State IA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 2000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 4203.98

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 497 / 862

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

**A. CHRIS FOX**

Full Name (Last, First, Middle Initial)

Mailing Address 6762 NW 56TH ST

City JOHNSTON State IA Zip Code 50131

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 14 / 2015

Transaction ID : SB23.9145

Amount of Each Disbursement this Period: 2000.00

Category/Type

**B. CHARLES FRASER**

Full Name (Last, First, Middle Initial)

Mailing Address 1919 CLARENDON BLVD, APT 228

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 27 / 2015

Transaction ID : SB23.9137

Amount of Each Disbursement this Period: 162.41

Category/Type

**C. CHARLES FRASER**

Full Name (Last, First, Middle Initial)

Mailing Address 1919 CLARENDON BLVD, APT 228

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 09 / 02 / 2015

Transaction ID : SB23.9138

Amount of Each Disbursement this Period: 426.60

Category/Type

Subtotal Of Receipts This Page (optional)..... 2589.01

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 498 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CHARLES FRASER</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 1919 CLARENDON BLVD, APT 228		<b>Transaction ID : SB23.9139</b>
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period 426.60	
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL GARCIA</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 100 BEDFORD STREET, APT 4		<b>Transaction ID : SB23.9368</b>
City MANCHESTER State NH Zip Code 03101	Amount of Each Disbursement this Period 1410.65	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL GARCIA</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 100 BEDFORD STREET, APT 4		<b>Transaction ID : SB23.9369</b>
City MANCHESTER State NH Zip Code 03101	Amount of Each Disbursement this Period 988.74	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2825.99

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL GARCIA</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 100 BEDFORD STREET, APT 4		<b>Transaction ID : SB23.9370</b>
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1218.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. MICHAEL GARCIA</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 100 BEDFORD STREET, APT 4		<b>Transaction ID : SB23.9371</b>
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1218.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. MICHAEL GARCIA</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 100 BEDFORD STREET, APT 4		<b>Transaction ID : SB23.9372</b>
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1218.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 3656.52

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL GARCIA</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 100 BEDFORD STREET, APT 4		<b>Transaction ID : SB23.9373</b>
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1218.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. MICHAEL GARCIA</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 100 BEDFORD STREET, APT 4		<b>Transaction ID : SB23.9374</b>
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1218.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. MICHAEL GARCIA</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 100 BEDFORD STREET, APT 4		<b>Transaction ID : SB23.9375</b>
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1218.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 3656.52

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDRA GARNER</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 2723 MONROE STREET		<b>Transaction ID : SB23.75235</b>
City COLUMBIA	State SC	
Purpose of Disbursement IN-KIND CONTRIBUTION	Candidate Name	Amount of Each Disbursement this Period 1063.11
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. TRACIE GIBLER</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 225 PRAIRIEVIEW DRIVE, APT 9324		<b>Transaction ID : SB23.9572</b>
City WEST DES MOINES	State IA	
Purpose of Disbursement REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 1618.12
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 600 CORPORATE PARK DR		<b>Transaction ID : SBINDUV90.55</b>
City ST LOUIS	State MO	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 375.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/ Type	

Subtotal Of Receipts This Page (optional)..... 2681.23

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. GRANITE CITY BREWERY</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 701 XENIA AVE S. #120		Transaction ID : SBINDUV90.61
City MINNEAPOLIS	State MN	
Purpose of Disbursement FOOD/BEVERAGE	Zip Code 55416	Amount of Each Disbursement this Period 290.07
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HERTZ</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 225 BRAE BLVD		Transaction ID : SBINDUV90.24
City PARKRIDGE	State NJ	
Purpose of Disbursement TRAVEL	Zip Code 07656	Amount of Each Disbursement this Period 521.11
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TRACIE GIBLER</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 225 PRAIRIEVIEW DRIVE, APT 9324		Transaction ID : SB23.9573
City WEST DES MOINES	State IA	
Purpose of Disbursement PAYROLL	Zip Code 50266	Amount of Each Disbursement this Period 2601.19
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2601.19

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. TRACIE GIBLER</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 225 PRAIRIEVIEW DRIVE, APT 9324		<b>Transaction ID : SB23.9574</b>
City WEST DES MOINES	State IA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2601.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. TRACIE GIBLER</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 225 PRAIRIEVIEW DRIVE, APT 9324		<b>Transaction ID : SB23.9575</b>
City WEST DES MOINES	State IA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2601.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. TRACIE GIBLER</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 225 PRAIRIEVIEW DRIVE, APT 9324		<b>Transaction ID : SB23.9576</b>
City WEST DES MOINES	State IA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2601.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 7803.57

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. TRACIE GIBLER</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 225 PRAIRIEVIEW DRIVE, APT 9324		<b>Transaction ID : SB23.9577</b>
City WEST DES MOINES	State IA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2601.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. TRACIE GIBLER</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 225 PRAIRIEVIEW DRIVE, APT 9324		<b>Transaction ID : SB23.9578</b>
City WEST DES MOINES	State IA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2601.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. LINDSEY GRAHAM</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address PO BOX 486		<b>Transaction ID : SB23.9339</b>
City SENECA	State SC	
Purpose of Disbursement REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 405.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 5607.98

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 505 / 862

23    24    25    26    27a  
 27b    28a    28b    28c    29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)  
**A. SUNNY'S WORLDWIDE**

Mailing Address **23765 PEBBLE RUN PLACE**

City **STERLING** State **VA** Zip Code **20166**

Purpose of Disbursement  
**TRANSPORTATION SERVICE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**07 / 23 / 2015**

**Transaction ID : SBINDUV90.25**

Amount of Each Disbursement this Period  
**405.60**

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. LINDSEY GRAHAM**

Mailing Address **PO BOX 486**

City **SENECA** State **SC** Zip Code **29679**

Purpose of Disbursement  
**REIMBURSEMENT FOR TRAVEL & FOOD**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**09 / 03 / 2015**

**Transaction ID : SB23.9340**

Amount of Each Disbursement this Period  
**405.60**

Full Name (Last, First, Middle Initial)  
**C. ALEXANDER HAYES**

Mailing Address **4274 SILVER EAGLE COVE**

City **DENVER** State **NC** Zip Code **28037**

Purpose of Disbursement  
**MILEAGE REIMBURSEMENT**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**07 / 19 / 2015**

**Transaction ID : SB23.9025**

Amount of Each Disbursement this Period  
**2495.50**

**Subtotal Of Receipts This Page** (optional)..... **2901.10**

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER HAYES</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 4274 SILVER EAGLE COVE		<b>Transaction ID : SB23.9026</b>
City DENVER	State NC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1306.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ALEXANDER HAYES</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 4274 SILVER EAGLE COVE		<b>Transaction ID : SB23.9027</b>
City DENVER	State NC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1306.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ALEXANDER HAYES</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 4274 SILVER EAGLE COVE		<b>Transaction ID : SB23.9028</b>
City DENVER	State NC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1306.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 3920.52

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 507 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER HAYES</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 4274 SILVER EAGLE COVE		<b>Transaction ID : SB23.9029</b>
City DENVER	State NC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1306.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. ALEXANDER HAYES</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 4274 SILVER EAGLE COVE		<b>Transaction ID : SB23.9030</b>
City DENVER	State NC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1306.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. ALEXANDER HAYES</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 4274 SILVER EAGLE COVE		<b>Transaction ID : SB23.9031</b>
City DENVER	State NC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1306.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 3920.52

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 508 / 862

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

**A. BRUCE HUNT**

Full Name (Last, First, Middle Initial)

Mailing Address 21 SHERIDAN ST.

City BROCKTON State MA Zip Code 02302

Purpose of Disbursement MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 09 / 03 / 2015

Transaction ID : SB23.9090

Amount of Each Disbursement this Period: 82.01

Category/Type

**B. DANA HURTIK**

Full Name (Last, First, Middle Initial)

Mailing Address 5 RIDGE CLIFF COURT

City IRMO State SC Zip Code 29063

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 03 / 2015

Transaction ID : SB23.9195

Amount of Each Disbursement this Period: 523.32

Category/Type

**C. EDWARD IRICK**

Full Name (Last, First, Middle Initial)

Mailing Address 505 FIELDGATE COURT

City MAULDIN State SC Zip Code 29662

Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 24 / 2015

Transaction ID : SB23.9236

Amount of Each Disbursement this Period: 90.00

Category/Type

Subtotal Of Receipts This Page (optional)..... 695.33

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 509 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. STEVEN JENSEN</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 1474 HOLLENBERG LANE		<b>Transaction ID : SB23.9530</b>
City MOUNT PLEASANT	State SC	
Zip Code 29466	Purpose of Disbursement REIMBURSEMENT FOR MILEAGE & FOOD AND BEVERAGE	Amount of Each Disbursement this Period 745.06
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. EUGUENE RUSSELL JOHNSON III</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 707 FERNWOOD DRIVE		<b>Transaction ID : SB23.9248</b>
City SPARTANBURG	State SC	
Zip Code 29302	Purpose of Disbursement REIMBURSEMENT FOR MILEAGE & FOOD AND BEVERAGE	Amount of Each Disbursement this Period 521.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. BILL KENNEDY</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 1592 W. IVANHOE BLVD.		<b>Transaction ID : SB23.75232</b>
City ORLANDO	State FL	
Zip Code 32804-5808	Purpose of Disbursement IN-KIND CONTRIBUTION	Amount of Each Disbursement this Period 2700.00
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) ▼	IN-KIND: CATERING
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 3966.59

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 510 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ELIZABETH KENNEDY</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 1620 MAYFLOWER COURT, APT A-315		<b>Transaction ID : SB23.75237</b>
City WINTER PARK	State FL	
Purpose of Disbursement IN-KIND CONTRIBUTION	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2700.00"/>
Candidate Name	Category/ Type	IN-KIND: CATERING
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>B. LOU W. KENNEDY</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 1592 W. IVANHOE BLVD.		<b>Transaction ID : SB23.75231</b>
City ORLANDO	State FL	
Purpose of Disbursement IN-KIND CONTRIBUTION	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1700.00"/>
Candidate Name	Category/ Type	IN-KIND: INVITATIONS/CATERING
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>C. COLBY KOFOED</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 41 PRESTON ROAD		<b>Transaction ID : SB23.9177</b>
City LEXINGTON	State MA	
Purpose of Disbursement PAYROLL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1031.75"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JENNY LACKEY</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 921B WOODLAWN AVENUE		<b>Transaction ID : SB23.9298</b>
City COLUMBIA	State SC	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	Amount of Each Disbursement this Period 565.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. COSTCO</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1200 S FERN ST		<b>Transaction ID : SBINDUV90.20</b>
City ARLINGTON	State VA	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	Amount of Each Disbursement this Period 565.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C. RACHAEL LEMAN</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 1017 DUKE STREET		<b>Transaction ID : SB23.9456</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Category/Type	Amount of Each Disbursement this Period 4308.01
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 4873.01

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. RACHAEL LEMAN</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 1017 DUKE STREET		<b>Transaction ID : SB23.9457</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 2419.37
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. RACHAEL LEMAN</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 1017 DUKE STREET		<b>Transaction ID : SB23.9458</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4308.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. RACHAEL LEMAN</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1017 DUKE STREET		<b>Transaction ID : SB23.9459</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4308.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 11035.39

**Total This Period** (last page this line number only).....



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 513 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. RACHAEL LEMAN</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 1017 DUKE STREET		<b>Transaction ID : SB23.9460</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4308.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. RACHAEL LEMAN</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 1017 DUKE STREET		<b>Transaction ID : SB23.9461</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4308.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. RACHAEL LEMAN</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 1017 DUKE STREET		<b>Transaction ID : SB23.9462</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4308.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

<b>Subtotal Of Receipts This Page</b> (optional).....	12924.03
<b>Total This Period</b> (last page this line number only).....	

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. PATRICK MCCANN</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 5 SOUTHTOWN COURT		<b>Transaction ID : SB23.9437</b>
City HUNTINGTON	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 767.51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. PATRICK MCCANN</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 5 SOUTHTOWN COURT		<b>Transaction ID : SB23.9438</b>
City HUNTINGTON	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 767.51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. PATRICK MCCANN</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 5 SOUTHTOWN COURT		<b>Transaction ID : SB23.9439</b>
City HUNTINGTON	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 767.51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 2302.53

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 515 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. PATRICK MCCANN</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 5 SOUTHTOWN COURT		<b>Transaction ID : SB23.9440</b>
City HUNTINGTON	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 767.51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. PATRICK MCCANN</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 5 SOUTHTOWN COURT		<b>Transaction ID : SB23.9441</b>
City HUNTINGTON	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 767.51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. PATRICK MCCANN</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 5 SOUTHTOWN COURT		<b>Transaction ID : SB23.9442</b>
City HUNTINGTON	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 767.51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 2302.53

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. KARLI MILLER</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 78 GREENWOOD STREET		<b>Transaction ID : SB23.9326</b>
City LAKE PLACID	State NY Zip Code 12946	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type	Amount of Each Disbursement this Period 225.64
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KARLI MILLER</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 78 GREENWOOD STREET		<b>Transaction ID : SB23.9327</b>
City LAKE PLACID	State NY Zip Code 12946	
Purpose of Disbursement PAYROLL	Category/Type	Amount of Each Disbursement this Period 1276.28
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. KARLI MILLER</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 78 GREENWOOD STREET		<b>Transaction ID : SB23.9328</b>
City LAKE PLACID	State NY Zip Code 12946	
Purpose of Disbursement PAYROLL	Category/Type	Amount of Each Disbursement this Period 1276.28
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

<b>Subtotal Of Receipts This Page</b> (optional).....	2778.20
<b>Total This Period</b> (last page this line number only).....	

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. KARLI MILLER</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 78 GREENWOOD STREET		<b>Transaction ID : SB23.9329</b>
City LAKE PLACID	State NY Zip Code 12946	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1276.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. KARLI MILLER</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 78 GREENWOOD STREET		<b>Transaction ID : SB23.9330</b>
City LAKE PLACID	State NY Zip Code 12946	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1276.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. KARLI MILLER</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 78 GREENWOOD STREET		<b>Transaction ID : SB23.9331</b>
City LAKE PLACID	State NY Zip Code 12946	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1276.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 3828.84

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 518 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. KARLI MILLER</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 78 GREENWOOD STREET		<b>Transaction ID : SB23.9332</b>
City LAKE PLACID	State NY	
Zip Code 12946	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1276.28
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ERIN MURPHY</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 5301 BURWASH COURT		<b>Transaction ID : SB23.9243</b>
City CHARLOTTE	State NC	
Zip Code 28277	Purpose of Disbursement MILEAGE REIMBURSEMENT	Amount of Each Disbursement this Period 88.91
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ERIN MURPHY</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 5301 BURWASH COURT		<b>Transaction ID : SB23.9244</b>
City CHARLOTTE	State NC	
Zip Code 28277	Purpose of Disbursement MILEAGE REIMBURSEMENT	Amount of Each Disbursement this Period 549.70
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1914.89

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 519 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ERIN MURPHY</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 5301 BURWASH COURT		<b>Transaction ID : SB23.9245</b>
City CHARLOTTE	State NC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 961.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/Type

Full Name (Last, First, Middle Initial) <b>B. ERIN MURPHY</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 5301 BURWASH COURT		<b>Transaction ID : SB23.9246</b>
City CHARLOTTE	State NC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 961.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/Type

Full Name (Last, First, Middle Initial) <b>C. ERIN MURPHY</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 5301 BURWASH COURT		<b>Transaction ID : SB23.9247</b>
City CHARLOTTE	State NC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1172.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/Type

**Subtotal Of Receipts This Page** (optional)..... 3094.92

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DARLENE GRAHAM NORDONE</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 277 BRIDLERIDGE ROAD		Transaction ID : <b>SB23.9196</b>
City LEXINGTON	State SC	
Purpose of Disbursement REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 125.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. RYAN O'CONNOR</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 35 MYRTLE AVE		Transaction ID : <b>SB23.9476</b>
City CAMBRIDGE	State MA	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 290.52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. RYAN O'CONNOR</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 35 MYRTLE AVE		Transaction ID : <b>SB23.9477</b>
City CAMBRIDGE	State MA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 941.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 1356.81

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. RYAN O'CONNOR</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 35 MYRTLE AVE		<b>Transaction ID : SB23.9478</b>
City CAMBRIDGE	State MA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 941.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. RYAN O'CONNOR</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 35 MYRTLE AVE		<b>Transaction ID : SB23.9479</b>
City CAMBRIDGE	State MA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 941.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. RYAN O'CONNOR</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 35 MYRTLE AVE		<b>Transaction ID : SB23.9480</b>
City CAMBRIDGE	State MA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 941.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2823.03

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. RYAN O'CONNOR</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 35 MYRTLE AVE		<b>Transaction ID : SB23.9481</b>
City CAMBRIDGE	State MA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 941.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. RYAN O'CONNOR</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 35 MYRTLE AVE		<b>Transaction ID : SB23.9482</b>
City CAMBRIDGE	State MA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 941.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. CAROLINE O'NEAL</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 2726 PRESTON STREET		<b>Transaction ID : SB23.9125</b>
City COLUMBIA	State SC	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 326.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Subtotal Of Receipts This Page (optional)..... 2208.72

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CAROLINE O'NEAL</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 2726 PRESTON STREET		<b>Transaction ID : SB23.9126</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 727.33	
Purpose of Disbursement REIMBURSEMENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CAROLINE O'NEAL</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 2726 PRESTON STREET		<b>Transaction ID : SB23.9127</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 305.96	
Purpose of Disbursement REIMBURSEMENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CAROLINE O'NEAL</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 2726 PRESTON STREET		<b>Transaction ID : SB23.9128</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1824.80	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

**Subtotal Of Receipts This Page** (optional)..... 2858.09

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CAROLINE O'NEAL</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 2726 PRESTON STREET		<b>Transaction ID : SB23.9129</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1824.80	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAROLINE O'NEAL</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 2726 PRESTON STREET		<b>Transaction ID : SB23.9130</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1824.80	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAROLINE O'NEAL</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 2726 PRESTON STREET		<b>Transaction ID : SB23.9131</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1868.92	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 5518.52

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CAROLINE O'NEAL</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 2726 PRESTON STREET		<b>Transaction ID : SB23.9132</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1920.30	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CAROLINE O'NEAL</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 2726 PRESTON STREET		<b>Transaction ID : SB23.9133</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1920.30	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BRENDAN PARETS</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 425 L STREET NW, APT 1326		<b>Transaction ID : SB23.9072</b>
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 4017.42	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

**Subtotal Of Receipts This Page** (optional)..... 7858.02

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 526 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. BRENDAN PARETS</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 425 L STREET NW, APT 1326		<b>Transaction ID : SB23.9073</b>
City WASHINGTON	State DC	
Purpose of Disbursement PAYROLL	Zip Code 20001	Amount of Each Disbursement this Period 4017.42
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. BRENDAN PARETS</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 425 L STREET NW, APT 1326		<b>Transaction ID : SB23.9074</b>
City WASHINGTON	State DC	
Purpose of Disbursement PAYROLL	Zip Code 20001	Amount of Each Disbursement this Period 4017.42
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. BRENDAN PARETS</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 425 L STREET NW, APT 1326		<b>Transaction ID : SB23.9075</b>
City WASHINGTON	State DC	
Purpose of Disbursement PAYROLL	Zip Code 20001	Amount of Each Disbursement this Period 4017.42
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 12052.26

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. BRENDAN PARETS</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 425 L STREET NW, APT 1326		<b>Transaction ID : SB23.9076</b>
City WASHINGTON	State DC	
Purpose of Disbursement PAYROLL	Zip Code 20001	Amount of Each Disbursement this Period 4017.42
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. BRENDAN PARETS</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 425 L STREET NW, APT 1326		<b>Transaction ID : SB23.9077</b>
City WASHINGTON	State DC	
Purpose of Disbursement PAYROLL	Zip Code 20001	Amount of Each Disbursement this Period 4017.42
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. GRAYSON POSEY</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 18 OAKMAN COURT WEST		<b>Transaction ID : SB23.75236</b>
City COLUMBIA	State SC	
Purpose of Disbursement IN-KIND CONTRIBUTION	Zip Code 29209-5731	Amount of Each Disbursement this Period 629.45
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) ▼	<b>IN-KIND: INVITATIONS/CATERING</b>
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 8664.29

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CHRISTIANA PURVES</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 1121 SOUTH PAMPLICO HIGHWAY		<b>Transaction ID : SB23.9146</b>
City PAMPLICO State SC Zip Code 29583	Amount of Each Disbursement this Period 194.18	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHRISTIANA PURVES</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 1121 SOUTH PAMPLICO HIGHWAY		<b>Transaction ID : SB23.9147</b>
City PAMPLICO State SC Zip Code 29583	Amount of Each Disbursement this Period 1202.73	
Purpose of Disbursement PAYROLL	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CHRISTIANA PURVES</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1121 SOUTH PAMPLICO HIGHWAY		<b>Transaction ID : SB23.9148</b>
City PAMPLICO State SC Zip Code 29583	Amount of Each Disbursement this Period 1202.73	
Purpose of Disbursement PAYROLL	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2599.64

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 529 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CHRISTIANA PURVES</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 1121 SOUTH PAMPLICO HIGHWAY		<b>Transaction ID : SB23.9149</b>
City PAMPLICO State SC Zip Code 29583	Amount of Each Disbursement this Period 1202.73	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHRISTIANA PURVES</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 1121 SOUTH PAMPLICO HIGHWAY		<b>Transaction ID : SB23.9150</b>
City PAMPLICO State SC Zip Code 29583	Amount of Each Disbursement this Period 1177.73	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CHRISTIANA PURVES</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 1121 SOUTH PAMPLICO HIGHWAY		<b>Transaction ID : SB23.9151</b>
City PAMPLICO State SC Zip Code 29583	Amount of Each Disbursement this Period 1177.73	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 3558.19

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 530 / 862

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

**A. CHRISTIANA PURVES**

Full Name (Last, First, Middle Initial)

Mailing Address 1121 SOUTH PAMPLICO HIGHWAY

City PAMPLICO State SC Zip Code 29583

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 09 / 17 / 2015

Transaction ID : SB23.9152

Amount of Each Disbursement this Period: 1177.73

Category/Type

**B. ANNE RICHARDSON**

Full Name (Last, First, Middle Initial)

Mailing Address 26 WOODS COURT

City RICHLAND State SC Zip Code 29936

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 03 / 2015

Transaction ID : SB23.9048

Amount of Each Disbursement this Period: 948.73

Category/Type

**C. ANNE RICHARDSON**

Full Name (Last, First, Middle Initial)

Mailing Address 26 WOODS COURT

City RICHLAND State SC Zip Code 29936

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 20 / 2015

Transaction ID : SB23.9049

Amount of Each Disbursement this Period: 948.73

Category/Type

Subtotal Of Receipts This Page (optional)..... 3075.19

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ANNE RICHARDSON</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 26 WOODS COURT		<b>Transaction ID : SB23.9050</b>
City RICHLAND	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 948.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. ANNE RICHARDSON</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 26 WOODS COURT		<b>Transaction ID : SB23.9051</b>
City RICHLAND	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 948.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. ANNE RICHARDSON</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 26 WOODS COURT		<b>Transaction ID : SB23.9052</b>
City RICHLAND	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 948.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 2846.19

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ANNE RICHARDSON</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 26 WOODS COURT		<b>Transaction ID : SB23.9053</b>
City RICHLAND	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 948.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. MARK SALTER</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 308 W. MYRTLE STREET		<b>Transaction ID : SB23.9349</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 10000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER D SELLARS</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 1018 SAINT CHARLES WAY		<b>Transaction ID : SB23.9153</b>
City ANDERSON	State SC	
Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT	Candidate Name	Amount of Each Disbursement this Period 360.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 11308.73

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SUSANNA SILVAN</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 1220 NORTH FILMORE, APT 511		<b>Transaction ID : SB23.9533</b>
City ARLINGTON	State VA Zip Code 22201	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period \$ 541.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SUSANNA SILVAN</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 1220 NORTH FILMORE, APT 511		<b>Transaction ID : SB23.9534</b>
City ARLINGTON	State VA Zip Code 22201	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period \$ 1639.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SUSANNA SILVAN</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1220 NORTH FILMORE, APT 511		<b>Transaction ID : SB23.9535</b>
City ARLINGTON	State VA Zip Code 22201	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period \$ 1639.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... → \$ 3821.80

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SUSANNA SILVAN</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 1220 NORTH FILMORE, APT 511		<b>Transaction ID : SB23.9536</b>
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1639.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. SUSANNA SILVAN</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 1220 NORTH FILMORE, APT 511		<b>Transaction ID : SB23.9537</b>
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1639.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. SUSANNA SILVAN</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 1220 NORTH FILMORE, APT 511		<b>Transaction ID : SB23.9538</b>
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1639.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 4919.79

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 535 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SUSANNA SILVAN</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 1220 NORTH FILMORE, APT 511		<b>Transaction ID : SB23.9539</b>
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1639.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. WALTER SHELL SUBER III</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 743 ARBUTUS DRIVE		<b>Transaction ID : SB23.9624</b>
City COLUMBIA	State SC	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 130.98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. WALTER SHELL SUBER III</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 743 ARBUTUS DRIVE		<b>Transaction ID : SB23.9625</b>
City COLUMBIA	State SC	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 326.42
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 2097.33

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. WALTER SHELL SUBER III</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 743 ARBUTUS DRIVE		<b>Transaction ID : SB23.9626</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 514.39	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. WALTER SHELL SUBER III</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 743 ARBUTUS DRIVE		<b>Transaction ID : SB23.9627</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 2488.98	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. WALTER SHELL SUBER III</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 743 ARBUTUS DRIVE		<b>Transaction ID : SB23.9628</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 2488.98	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

**Subtotal Of Receipts This Page** (optional)..... 5492.35

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. WALTER SHELL SUBER III</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 743 ARBUTUS DRIVE		<b>Transaction ID : SB23.9629</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 2488.98	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WALTER SHELL SUBER III</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 743 ARBUTUS DRIVE		<b>Transaction ID : SB23.9630</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 2488.98	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WALTER SHELL SUBER III</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 743 ARBUTUS DRIVE		<b>Transaction ID : SB23.9631</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 2488.98	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 7466.94

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. WALTER SHELL SUBER III</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 743 ARBUTUS DRIVE		<b>Transaction ID : SB23.9632</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 2488.98	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL L. TAYLOR</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1050 HIGHLANDS HWY		<b>Transaction ID : SB23.9376</b>
City WALHALLA State SC Zip Code 29691	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL L. TAYLOR</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 1050 HIGHLANDS HWY		<b>Transaction ID : SB23.9377</b>
City WALHALLA State SC Zip Code 29691	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 3088.98

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER TOWE</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 309 FRIENDSHIP ROAD		<b>Transaction ID : SB23.9154</b>
City SENECA	State SC	
Zip Code 29678	Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT	Amount of Each Disbursement this Period \$ 300.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. ALEXA VELICKOVICH</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 3503 WILMOT AVE		<b>Transaction ID : SB23.9009</b>
City COLUMBIA	State SC	
Zip Code 29205	Purpose of Disbursement MILEAGE REIMBURSEMENT	Amount of Each Disbursement this Period \$ 141.90
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. ALEXA VELICKOVICH</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 3503 WILMOT AVE		<b>Transaction ID : SB23.9010</b>
City COLUMBIA	State SC	
Zip Code 29205	Purpose of Disbursement MILEAGE REIMBURSEMENT	Amount of Each Disbursement this Period \$ 120.75
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... → \$ 562.65

Total This Period (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 540 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ALEXA VELICKOVICH</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 3503 WILMOT AVE		<b>Transaction ID : SB23.9011</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1005.35	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ALEXA VELICKOVICH</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 3503 WILMOT AVE		<b>Transaction ID : SB23.9012</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1113.07	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ALEXA VELICKOVICH</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 3503 WILMOT AVE		<b>Transaction ID : SB23.9013</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1113.07	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 3231.49

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ALEXA VELICKOVICH</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 3503 WILMOT AVE		<b>Transaction ID : SB23.9014</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1113.07	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ALEXA VELICKOVICH</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 3503 WILMOT AVE		<b>Transaction ID : SB23.9015</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1113.07	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ALEXA VELICKOVICH</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 3503 WILMOT AVE		<b>Transaction ID : SB23.9016</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1113.07	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 3339.21

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ALEXA VELICKOVICH</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 3503 WILMOT AVE		<b>Transaction ID : SB23.9017</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 1113.07	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DERBY WATKINS</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 16301 KELLY WOODS DR. #206		<b>Transaction ID : SB23.9219</b>
City FORT MYERS State FL Zip Code 33908	Amount of Each Disbursement this Period 13000.00	
Purpose of Disbursement PRINTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DERBY WATKINS</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 16301 KELLY WOODS DR. #206		<b>Transaction ID : SB23.9220</b>
City FORT MYERS State FL Zip Code 33908	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement PRINTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 17113.07

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JERRY WOOD</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 629 HOPE FERRY ROAD		<b>Transaction ID : SB23.75233</b>
City LEXINGTON State SC Zip Code 29072-9605	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement IN-KIND CONTRIBUTION	Candidate Name	IN-KIND: CATERING
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. NANCY WOOD</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 629 HOPE FERRY ROAD		<b>Transaction ID : SB23.75234</b>
City LEXINGTON State SC Zip Code 29072-9605	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement IN-KIND CONTRIBUTION	Candidate Name	IN-KIND: CATERING
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. 1555 KING STREET COURT, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 1555 KING STREET COURT		<b>Transaction ID : SB23.9001</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 7500.00	
Purpose of Disbursement RENT	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 12900.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 544 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. 1555 KING STREET COURT, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1555 KING STREET COURT		<b>Transaction ID : SB23.9002</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1250.00	
Purpose of Disbursement RENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. 1555 KING STREET COURT, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1555 KING STREET COURT		<b>Transaction ID : SB23.9003</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1250.00	
Purpose of Disbursement RENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. 1555 KING STREET COURT, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 1555 KING STREET COURT		<b>Transaction ID : SB23.9004</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 7500.00	
Purpose of Disbursement RENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

**Subtotal Of Receipts This Page** (optional)..... 10000.00

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 545 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. 1555 KING STREET COURT, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 1555 KING STREET COURT		<b>Transaction ID : SB23.9005</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 8750.00	
Purpose of Disbursement RENT	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. 1900 FOOD AND BEVERAGE</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1846 EUCLID AVE		<b>Transaction ID : SB23.9006</b>
City CLEVELAND State OH Zip Code 44115	Amount of Each Disbursement this Period 7.00	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. 3 WEST CLUB</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 3 WEST 51ST STREET		<b>Transaction ID : SB23.9007</b>
City NEW YORK State NY Zip Code 10019	Amount of Each Disbursement this Period 1120.30	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 9877.30

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. 35 EAST HOUSEHOLD LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address C/O TYLER IRWIN		<b>Transaction ID : SB23.9008</b>
City WASHINGTON	State DC	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 2709.77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address P.O. BOX 650448		<b>Transaction ID : SB23.9038</b>
City DALLAS	State TX	
Purpose of Disbursement CREDIT CARD PAYMENT	Candidate Name	Amount of Each Disbursement this Period 7738.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. SHERATON</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address ONE STARPOINT		<b>Transaction ID : SB23CCUV.10275</b>
City STAMFORD	State CT	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 183.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 10447.87

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ST. REGIS NEW YORK</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address ONE STARPOINT		Transaction ID : <b>SB23CCUV.10289</b>
City STAMFORD	State CT	
Purpose of Disbursement FACILITY RENTAL/CATERING	Candidate Name	Amount of Each Disbursement this Period 8172.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. THE MADREN CENTER</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 240 MADREN CENTER DR		Transaction ID : <b>SB23CCUV.10329</b>
City CLEMSON	State SC	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 321.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10548</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -114.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10549</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -922.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : <b>SB23CCUV.10476</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 94.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : <b>SB23CCUV.10477</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 2.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 549 / 862

23    24    25    26    27a  
 27b    28a    28b    28c    29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address P.O. BOX 650448		<b>Transaction ID : SB23.9039</b>
City DALLAS	State TX	
Zip Code 75265-0448	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Amount of Each Disbursement this Period 616.51
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 650448		<b>Transaction ID : SB23.9040</b>
City DALLAS	State TX	
Zip Code 75265-0448	Purpose of Disbursement CREDIT CARD PAYMENT	Amount of Each Disbursement this Period 31939.74
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. ALFRED STREET GARAGE</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 117 NORTH ALFRED STREET		<b>Transaction ID : SB23CCUV.10035</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 20.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 32556.25

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 550 / 862

23    24    25    26    27a  
 27b    28a    28b    28c    29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10039</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 577.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10040</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 577.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10041</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 577.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State:      District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10042</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 671.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10043</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 671.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10044</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 671.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10045</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 290.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10484</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -671.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10485</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -577.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23  24  25  26  27a  
 27b  28a  28b  28c  29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616, MD 5675

City DFW AIRPORT State TX Zip Code 75261-9616

Purpose of Disbursement CREDIT- TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 07 / 2015

Transaction ID : **SB23CCUV.10486**

Amount of Each Disbursement this Period: -671.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616, MD 5675

City DFW AIRPORT State TX Zip Code 75261-9616

Purpose of Disbursement CREDIT- TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 07 / 2015

Transaction ID : **SB23CCUV.10487**

Amount of Each Disbursement this Period: -577.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. AMERICAN AIRLINES**

Mailing Address P.O. BOX 619616, MD 5675

City DFW AIRPORT State TX Zip Code 75261-9616

Purpose of Disbursement CREDIT- TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 07 / 2015

Transaction ID : **SB23CCUV.10488**

Amount of Each Disbursement this Period: -577.60

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10489</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -671.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 650448		Transaction ID : <b>SB23CCUV.10076</b>
City DALLAS	State TX	
Purpose of Disbursement MERCHANT SERVICES FEE	Candidate Name	Amount of Each Disbursement this Period 38.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 650448		Transaction ID : <b>SB23CCUV.10077</b>
City DALLAS	State TX	
Purpose of Disbursement MERCHANT SERVICES FEE	Candidate Name	Amount of Each Disbursement this Period 95.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 650448		<b>Transaction ID : SB23CCUV.10078</b>
City DALLAS	State TX	
Purpose of Disbursement MERCHANT SERVICES FEE		Amount of Each Disbursement this Period 38.00
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 650448		<b>Transaction ID : SB23CCUV.10079</b>
City DALLAS	State TX	
Purpose of Disbursement MERCHANT SERVICES FEE		Amount of Each Disbursement this Period 225.04
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. BITTERSWEET CATERING</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 823 KING STREET		<b>Transaction ID : SB23CCUV.10093</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 10.39
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. COSI</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 294 WASHINGTON ST., SUITE 510		<b>Transaction ID : SB23CCUV.10097</b>
City BOSTON	State MA	
Purpose of Disbursement FOOD/BEVERAGE	Zip Code 02108	Amount of Each Disbursement this Period 8.70
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. COURTYARD BY MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23CCUV.10098</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Zip Code 20817	Amount of Each Disbursement this Period 122.08
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. COURTYARD BY MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23CCUV.10099</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Zip Code 20817	Amount of Each Disbursement this Period 122.08
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. COURTYARD BY MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23CCUV.10100</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 122.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. COURTYARD BY MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23CCUV.10101</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 122.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. COURTYARD BY MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23CCUV.10102</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 122.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. COURTYARD BY MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23CCUV.10103</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 110.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. COURTYARD BY MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23CCUV.10104</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 2.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. CROWNE PLAZA</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		<b>Transaction ID : SB23CCUV.10105</b>
City ATLANTA	State GA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 126.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10108</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 851.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10109</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 851.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10110</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 851.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10111</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1054.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10112</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1054.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10113</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 7.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10114</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 955.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10115</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 955.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10116</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 955.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10117</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 955.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10118</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 955.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10119</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 955.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10120</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 430.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10121</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 430.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10122</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 430.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10123</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 844.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10124</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 477.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10125</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 866.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10126</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 681.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10127</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 211.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10128</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 211.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10129</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 211.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10130</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 610.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10131</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 986.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10499</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -986.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10500</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -851.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10501</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -955.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10502</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -955.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10503</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -955.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10504</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -955.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10505</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -955.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10506</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -955.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10507</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -1054.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10508</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Category/Type	Amount of Each Disbursement this Period -844.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10509</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Category/Type	Amount of Each Disbursement this Period -866.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10510</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Category/Type	Amount of Each Disbursement this Period -610.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 571 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10511</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Category/Type	Amount of Each Disbursement this Period -681.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DES MOINES ON THE RIDES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 305 34TH AVE NW		<b>Transaction ID : SB23CCUV.10165</b>
City ALTOONA	State IA Zip Code 50009	
Purpose of Disbursement TRANSPORTATION SERVICE	Category/Type	Amount of Each Disbursement this Period 224.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. EMBASSY SUITES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10166</b>
City MCLEAN	State VA Zip Code 22102	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 233.74
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10186</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 140.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10187</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 140.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. HILTON</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10205</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 127.13
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HILTON</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10526</b>
City MCLEAN	State VA	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -13.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. HOLIDAY INN</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		<b>Transaction ID : SB23CCUV.10219</b>
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 409.89
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. IOWA EVENTS CENTER</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 730 THIRD STREET		<b>Transaction ID : SB23CCUV.10230</b>
City DES MOINES	State IA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 1521.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 574 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JOIN.GOP</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 310 FIRST STREET SE		<b>Transaction ID : SB23CCUV.10238</b>
City WASHINGTON	State DC	
Purpose of Disbursement OFFICE SUPPLIES	Zip Code 20003	Amount of Each Disbursement this Period 25.16
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. LA QUINTA INNS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 909 HIDDEN RIDGE SUITE 600		<b>Transaction ID : SB23CCUV.10241</b>
City IRVING	State TX	
Purpose of Disbursement TRAVEL	Zip Code 75038	Amount of Each Disbursement this Period 173.60
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. NANDOS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 702 KING STREET		<b>Transaction ID : SB23CCUV.10253</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement FOOD/BEVERAGE	Zip Code 22314	Amount of Each Disbursement this Period 14.52
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 575 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. OFFICE DEPOT**

Mailing Address 421 BUSH RIVER ROAD

City COLUMBIA State SC Zip Code 29210

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2015

Transaction ID : SB23CCUV.10259

Amount of Each Disbursement this Period

10.79
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. RENAISSANCE HOTELS**

Mailing Address 10400 FERNWOOD ROAD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2015

Transaction ID : SB23CCUV.10266

Amount of Each Disbursement this Period

192.45
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2015

Transaction ID : SB23CCUV.10281

Amount of Each Disbursement this Period

407.50
--------

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : <b>SB23CCUV.10282</b>
City DALLAS	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 535.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : <b>SB23CCUV.10534</b>
City DALLAS	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -535.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. ST. REGIS NEW YORK</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address ONE STARPOINT		Transaction ID : <b>SB23CCUV.10288</b>
City STAMFORD	State CT	
Purpose of Disbursement FACILITY RENTAL/CATERING	Candidate Name	Amount of Each Disbursement this Period 4087.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 577 / 862

23    24    25    26    27a  
 27b    28a    28b    28c    29

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)  
**LINDSEY GRAHAM 2016**

**A. SUNNY'S WORLDWIDE**

Full Name (Last, First, Middle Initial)  
Mailing Address 23765 PEBBLE RUN PLACE

City STERLING State VA Zip Code 20166

Purpose of Disbursement TRANSPORTATION SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 07 / 2015

Transaction ID : SB23CCUV.10297

Amount of Each Disbursement this Period: 112.31

[MEMO ITEM]

**B. SUNNY'S WORLDWIDE**

Full Name (Last, First, Middle Initial)  
Mailing Address 23765 PEBBLE RUN PLACE

City STERLING State VA Zip Code 20166

Purpose of Disbursement TRANSPORTATION SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 07 / 2015

Transaction ID : SB23CCUV.10298

Amount of Each Disbursement this Period: 103.22

[MEMO ITEM]

**C. SUNNY'S WORLDWIDE**

Full Name (Last, First, Middle Initial)  
Mailing Address 23765 PEBBLE RUN PLACE

City STERLING State VA Zip Code 20166

Purpose of Disbursement TRANSPORTATION SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 07 / 2015

Transaction ID : SB23CCUV.10299

Amount of Each Disbursement this Period: 989.84

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 578 / 862

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

**A. SUNNY'S WORLDWIDE**

Full Name (Last, First, Middle Initial)  
Mailing Address 23765 PEBBLE RUN PLACE

City STERLING State VA Zip Code 20166

Purpose of Disbursement TRANSPORTATION SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 07 / 2015

Transaction ID : SB23CCUV.10300

Amount of Each Disbursement this Period: 718.73

[MEMO ITEM]

**B. SUNNY'S WORLDWIDE**

Full Name (Last, First, Middle Initial)  
Mailing Address 23765 PEBBLE RUN PLACE

City STERLING State VA Zip Code 20166

Purpose of Disbursement TRANSPORTATION SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 07 / 2015

Transaction ID : SB23CCUV.10301

Amount of Each Disbursement this Period: 1365.02

[MEMO ITEM]

**C. SUNNY'S WORLDWIDE**

Full Name (Last, First, Middle Initial)  
Mailing Address 23765 PEBBLE RUN PLACE

City STERLING State VA Zip Code 20166

Purpose of Disbursement TRANSPORTATION SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 07 / 2015

Transaction ID : SB23CCUV.10302

Amount of Each Disbursement this Period: 341.50

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SUNNY'S WORLDWIDE</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		<b>Transaction ID : SB23CCUV.10303</b>
City STERLING	State VA	
Purpose of Disbursement TRANSPORTATION SERVICE	Candidate Name	Amount of Each Disbursement this Period 532.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. THE HOTEL PORTSMOUTH</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 40 COURT STREET		<b>Transaction ID : SB23CCUV.10317</b>
City PORTSMOUTH	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 294.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. THE HOTEL PORTSMOUTH</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 40 COURT STREET		<b>Transaction ID : SB23CCUV.10318</b>
City PORTSMOUTH	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 239.79
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. THE HOTEL PORTSMOUTH</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 40 COURT STREET		Transaction ID : <b>SB23CCUV.10319</b>
City PORTSMOUTH	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 239.79
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. THE HOTEL PORTSMOUTH</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 40 COURT STREET		Transaction ID : <b>SB23CCUV.10320</b>
City PORTSMOUTH	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 239.79
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. THE HOTEL PORTSMOUTH</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 40 COURT STREET		Transaction ID : <b>SB23CCUV.10321</b>
City PORTSMOUTH	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 305.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 581 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UBER</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1455 MARKET STREET		Transaction ID : <b>SB23CCUV.10335</b>
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRANSPORTATION SERVICE	Candidate Name	Amount of Each Disbursement this Period 22.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. UBER</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1455 MARKET STREET		Transaction ID : <b>SB23CCUV.10336</b>
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRANSPORTATION SERVICE	Candidate Name	Amount of Each Disbursement this Period 8.87
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10340</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 828.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 582 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10341</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 587.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10342</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 19.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10343</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 114.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 583 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10344</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 922.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10345</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1630.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10540</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -1630.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10541</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -828.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10542</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -19.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10543</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -587.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 585 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10375</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 360.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10376</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 360.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10377</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 360.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10378</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 430.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10379</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 430.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10380</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 430.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 587 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10381</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10382</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10383</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10384</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10385</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 792.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10386</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 792.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10387</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 775.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10388</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 775.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10389</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 353.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 590 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10390</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 865.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10391</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 671.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10392</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 0.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10393</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1145.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10558</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -360.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10559</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -430.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10560</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -430.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10561</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -430.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23CCUV.10471</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 2.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : <b>SB23CCUV.10472</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 24.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address P.O. BOX 650448		Transaction ID : <b>SB23.9041</b>
City DALLAS	State TX	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 204.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address P.O. BOX 650448		Transaction ID : <b>SB23.9042</b>
City DALLAS	State TX	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 7.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 212.50

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 594 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address P.O. BOX 650448		<b>Transaction ID : SB23.9043</b>
City DALLAS	State TX	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 1854.33
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 650448		<b>Transaction ID : SB23.9045</b>
City DALLAS	State TX	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 7.95
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address P.O. BOX 650448		<b>Transaction ID : SB23.9046</b>
City DALLAS	State TX	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 330.96
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2193.24

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 595 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN PRINTING COMPANY</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address PO BOX 612		Transaction ID : <b>SB23.9047</b>
City COLA	State SC	
Purpose of Disbursement PRINTING	Candidate Name	Amount of Each Disbursement this Period 25524.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. ARISTOTLE INTERNATIONAL, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 205 PENNSYLVANIA AVE. SE		Transaction ID : <b>SB23.9054</b>
City WASHINGTON	State DC	
Purpose of Disbursement SUBSCRIPTION	Candidate Name	Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 5439 HARFORD ROAD		Transaction ID : <b>SB23.9055</b>
City BALTIMORE	State MD	
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Subtotal Of Receipts This Page (optional)..... 27039.58

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 5439 HARFORD ROAD		<b>Transaction ID : SB23.9056</b>
City BALTIMORE	State MD	
Purpose of Disbursement BANK FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="391.93"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 5439 HARFORD ROAD		<b>Transaction ID : SB23.9057</b>
City BALTIMORE	State MD	
Purpose of Disbursement BANK FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="108.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 5439 HARFORD ROAD		<b>Transaction ID : SB23.9058</b>
City BALTIMORE	State MD	
Purpose of Disbursement BANK FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="36.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2015
Mailing Address 5439 HARFORD ROAD		<b>Transaction ID : SB23.9059</b>
City BALTIMORE	State MD	
Zip Code 21214	Purpose of Disbursement BANK FEE	Amount of Each Disbursement this Period 2.50
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 5439 HARFORD ROAD		<b>Transaction ID : SB23.9060</b>
City BALTIMORE	State MD	
Zip Code 21214	Purpose of Disbursement BANK FEE	Amount of Each Disbursement this Period 170.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 5439 HARFORD ROAD		<b>Transaction ID : SB23.9061</b>
City BALTIMORE	State MD	
Zip Code 21214	Purpose of Disbursement BANK FEE	Amount of Each Disbursement this Period 15.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 187.50

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 5439 HARFORD ROAD		<b>Transaction ID : SB23.9062</b>
City BALTIMORE	State MD	
Purpose of Disbursement BANK FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="15.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 5439 HARFORD ROAD		<b>Transaction ID : SB23.9063</b>
City BALTIMORE	State MD	
Purpose of Disbursement BANK FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="15.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 5439 HARFORD ROAD		<b>Transaction ID : SB23.9064</b>
City BALTIMORE	State MD	
Purpose of Disbursement BANK FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="15.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 599 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T cc</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address PO BOX 580340		<b>Transaction ID : SB23.9065</b>
City CHARLOTTE	State NC	
Purpose of Disbursement CREDIT CARD PAYMENT		Amount of Each Disbursement this Period 29175.17
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. ALL RESORT EXPRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1500 KEARNS BLVD		<b>Transaction ID : SB23CCUV.10036</b>
City PARK CITY	State UT	
Purpose of Disbursement TRANSPORTATION SERVICE		Amount of Each Disbursement this Period 540.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10046</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 225.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 29175.17

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23  24  25  26  27a  
 27b  28a  28b  28c  29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10047</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 949.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10048</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 949.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10049</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 949.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10050</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 419.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10051</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 419.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10052</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10053</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10054</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 376.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10490</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -648.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		<b>Transaction ID : SB23CCUV.10080</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 172.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		<b>Transaction ID : SB23CCUV.10083</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 172.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		<b>Transaction ID : SB23CCUV.10497</b>
City WASHINGTON	State DC	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -172.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		Transaction ID : <b>SB23CCUV.10498</b>
City WASHINGTON	State DC	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -172.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. BEST BUY</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 7601 PENN AVE S		Transaction ID : <b>SB23CCUV.10092</b>
City RICHFIELD	State MN	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 56.13
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. COMCAST</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address PO BOX 3005		Transaction ID : <b>SB23CCUV.10096</b>
City SOUTHEASTERN	State PA	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 891.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10132</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 689.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10133</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 687.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10134</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 670.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10135</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 670.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10136</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 570.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10137</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 479.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 607 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10138</b>
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 756.60	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10139</b>
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 992.10	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10140</b>
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 533.60	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10141</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 866.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10142</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 1029.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10512</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Category/Type	Amount of Each Disbursement this Period -689.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)  
**A. DELTA AIRLINES**

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement CREDIT- TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
07 / 27 / 2015

Transaction ID : SB23CCUV.10513

Amount of Each Disbursement this Period: -670.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. DELTA AIRLINES**

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement CREDIT- TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
07 / 27 / 2015

Transaction ID : SB23CCUV.10514

Amount of Each Disbursement this Period: -670.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. DELTA AIRLINES**

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement CREDIT- TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
07 / 27 / 2015

Transaction ID : SB23CCUV.10515

Amount of Each Disbursement this Period: -570.10

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10516</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -479.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10517</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -533.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10518</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -866.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 611 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. GREEN CARPET CAR SERVICE**

Mailing Address **HIGHWAY 101**

City **SAN FRANCISCO** State **CA** Zip Code **94128**

Purpose of Disbursement  
**TRANSPORTATION SERVICE**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

**Transaction ID : SB23CCUV.10185**

Amount of Each Disbursement this Period

6	8	2	.	0	0
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. HILTON GARDEN INN**

Mailing Address **7930 JONES BRANCH DRIVE**

City **TYSONS CORNER** State **VA** Zip Code **22102**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

**Transaction ID : SB23CCUV.10209**

Amount of Each Disbursement this Period

3	6	3	.	0	7
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. HILTON GARDEN INN**

Mailing Address **7930 JONES BRANCH DRIVE**

City **TYSONS CORNER** State **VA** Zip Code **22102**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

**Transaction ID : SB23CCUV.10210**

Amount of Each Disbursement this Period

2	1	1	.	6	8
---	---	---	---	---	---

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional)..... 

0.00
------

**Total This Period** (last page this line number only)..... 

--

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10211</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 211.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10212</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 216.63
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10213</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 211.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10214</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 0.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 27-01 QUEENS PLAZA NORTH		<b>Transaction ID : SB23CCUV.10232</b>
City LONG ISLAND	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 461.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 27-01 QUEENS PLAZA NORTH		<b>Transaction ID : SB23CCUV.10233</b>
City LONG ISLAND	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 422.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 27-01 QUEENS PLAZA NORTH		<b>Transaction ID : SB23CCUV.10527</b>
City LONG ISLAND	State NY	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -422.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23CCUV.10246</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 391.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23CCUV.10247</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 346.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 615 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23CCUV.10248</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 346.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. PAPYRUS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 500 CHADBOURNE ROAD		<b>Transaction ID : SB23CCUV.10262</b>
City FAIRFIELD	State CA	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 61.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. QUALITY INN</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 10750 COLUMBIA PIKE		<b>Transaction ID : SB23CCUV.10264</b>
City SILVER SPRINGS	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 103.14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SHERATON</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address ONE STARPOINT		Transaction ID : <b>SB23CCUV.10272</b>
City STAMFORD      State CT      Zip Code 06902	Amount of Each Disbursement this Period 184.36	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. SHERATON</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address ONE STARPOINT		Transaction ID : <b>SB23CCUV.10274</b>
City STAMFORD      State CT      Zip Code 06902	Amount of Each Disbursement this Period 235.62	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : <b>SB23CCUV.10283</b>
City DALLAS      State TX      Zip Code 75235	Amount of Each Disbursement this Period 603.50	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : <b>SB23CCUV.10535</b>
City DALLAS      State TX      Zip Code 75235	Amount of Each Disbursement this Period -603.50	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : <b>SB23CCUV.10290</b>
City FRAMINGHAM      State MA      Zip Code 01702	Amount of Each Disbursement this Period 578.66	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : <b>SB23CCUV.10291</b>
City FRAMINGHAM      State MA      Zip Code 01702	Amount of Each Disbursement this Period 152.32	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:      District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. STEIN ERIKSEN LODGE</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 7700 STEIN WAY		<b>Transaction ID : SB23CCUV.10293</b>
City PARK CITY	State UT	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1399.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. STEIN ERIKSEN LODGE</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 7700 STEIN WAY		<b>Transaction ID : SB23CCUV.10294</b>
City PARK CITY	State UT	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 588.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. SUNNY'S WORLDWIDE</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		<b>Transaction ID : SB23CCUV.10304</b>
City STERLING	State VA	
Purpose of Disbursement TRANSPORTATION SERVICE	Candidate Name	Amount of Each Disbursement this Period 871.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. TALIENT ACTION GROUP</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 105 FALTIN DR		<b>Transaction ID : SB23CCUV.10315</b>
City MANCHESTER	State NH	
Purpose of Disbursement PRINTING	Zip Code 03103	Amount of Each Disbursement this Period 2256.07
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10346</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Zip Code 60606	Amount of Each Disbursement this Period 626.10
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10347</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Zip Code 60606	Amount of Each Disbursement this Period 626.10
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10348</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 930.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10349</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 115.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10350</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 0.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10351</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 546.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10352</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 899.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10353</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 626.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10354</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 626.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10544</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -546.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10545</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -256.12
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 623 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10546</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -626.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10547</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -626.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. UPS STORE</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 6060 CORNERSTONE COURT WEST		Transaction ID : <b>SB23CCUV.10368</b>
City SAN DIEGO	State CA	
Purpose of Disbursement DELIVERY	Candidate Name	Amount of Each Disbursement this Period 32.82
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UPS STORE</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 6060 CORNERSTONE COURT WEST		<b>Transaction ID : SB23CCUV.10369</b>
City SAN DIEGO	State CA	
Purpose of Disbursement DELIVERY	Candidate Name	Amount of Each Disbursement this Period 13.79
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. UPS STORE</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 6060 CORNERSTONE COURT WEST		<b>Transaction ID : SB23CCUV.10370</b>
City SAN DIEGO	State CA	
Purpose of Disbursement DELIVERY	Candidate Name	Amount of Each Disbursement this Period 45.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. UPS STORE</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 6060 CORNERSTONE COURT WEST		<b>Transaction ID : SB23CCUV.10371</b>
City SAN DIEGO	State CA	
Purpose of Disbursement DELIVERY	Candidate Name	Amount of Each Disbursement this Period 34.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 625 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UPS STORE</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 6060 CORNERSTONE COURT WEST		<b>Transaction ID : SB23CCUV.10372</b>
City SAN DIEGO	State CA	
Purpose of Disbursement DELIVERY	Candidate Name	Amount of Each Disbursement this Period 34.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. UPS STORE</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 6060 CORNERSTONE COURT WEST		<b>Transaction ID : SB23CCUV.10373</b>
City SAN DIEGO	State CA	
Purpose of Disbursement DELIVERY	Candidate Name	Amount of Each Disbursement this Period 58.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10394</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 718.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10395</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10396</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10397</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 431.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 627 / 862

23    24    25    26    27a  
 27b    28a    28b    28c    29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)  
**A. US AIRWAYS**

Mailing Address 4000 E. SKY HARBOR BLVD.

City PHOENIX   State AZ   Zip Code 85034

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House    Senate    President

Disbursement For:  Primary    General    Other (specify) ▼

State:   District:

Date of Disbursement: M M / D D / Y Y Y Y  
07 / 27 / 2015

Transaction ID : **SB23CCUV.10398**

Amount of Each Disbursement this Period: 431.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. US AIRWAYS**

Mailing Address 4000 E. SKY HARBOR BLVD.

City PHOENIX   State AZ   Zip Code 85034

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House    Senate    President

Disbursement For:  Primary    General    Other (specify) ▼

State:   District:

Date of Disbursement: M M / D D / Y Y Y Y  
07 / 27 / 2015

Transaction ID : **SB23CCUV.10399**

Amount of Each Disbursement this Period: 29.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. US AIRWAYS**

Mailing Address 4000 E. SKY HARBOR BLVD.

City PHOENIX   State AZ   Zip Code 85034

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House    Senate    President

Disbursement For:  Primary    General    Other (specify) ▼

State:   District:

Date of Disbursement: M M / D D / Y Y Y Y  
07 / 27 / 2015

Transaction ID : **SB23CCUV.10400**

Amount of Each Disbursement this Period: 61.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 628 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10401</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 999.99 790.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10402</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 999.99 684.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10403</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 999.99 22.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 629 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10404</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 359.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10405</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 761.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10406</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 682.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 630 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10407</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 709.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10408</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 361.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10409</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 366.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10410</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 547.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10411</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 526.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10412</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 566.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 632 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10413</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 600.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10414</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 365.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10415</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 89.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10562</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL		Amount of Each Disbursement this Period -359.09
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10563</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL		Amount of Each Disbursement this Period -547.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10564</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL		Amount of Each Disbursement this Period -566.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10565</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -600.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T cc</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address PO BOX 580340		<b>Transaction ID : SB23.9067</b>
City CHARLOTTE	State NC	
Purpose of Disbursement CREDIT CARD PAYMENT	Candidate Name	Amount of Each Disbursement this Period 46484.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. AMAZON.COM</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 410 TERRY AVE. N.		<b>Transaction ID : SB23CCUV.10038</b>
City SEATTLE	State WA	
Purpose of Disbursement PUBLICATIONS	Candidate Name	Amount of Each Disbursement this Period 147.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 46484.55

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 635 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10063</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 261.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10064</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 13.77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10065</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 442.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10066</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 442.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10067</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 738.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10068</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 738.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10069</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 984.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10070</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 401.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10071</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 10.05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10072</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 0.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10073</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 820.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10074</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 820.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 639 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10075</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 20.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10493</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -738.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10494</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -261.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 640 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10495</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10496</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -376.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		Transaction ID : <b>SB23CCUV.10084</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 267.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		<b>Transaction ID : SB23CCUV.10085</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 267.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		<b>Transaction ID : SB23CCUV.10086</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 267.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		<b>Transaction ID : SB23CCUV.10087</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 267.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		<b>Transaction ID : SB23CCUV.10088</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 316.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		<b>Transaction ID : SB23CCUV.10089</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 158.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. AUSTIN BLUES BBQ</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 210 3RD AVE SE		<b>Transaction ID : SB23CCUV.10091</b>
City CEDAR RAPIDS	State IA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 21.14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 643 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CROWNE PLAZA</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		Transaction ID : <b>SB23CCUV.10106</b>
City ATLANTA	State GA Zip Code 30346-2149	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	Amount of Each Disbursement this Period 126.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CVS CAREMARK</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1 CVS DRIVE		Transaction ID : <b>SB23CCUV.10107</b>
City WOONSOCKET	State RI Zip Code 02895	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	Amount of Each Disbursement this Period 35.28
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : <b>SB23CCUV.10149</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 769.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10150</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 542.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10151</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 542.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10152</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 585.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 645 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10153</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1729.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10154</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1017.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10155</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 294.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10156</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 294.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10157</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 225.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10158</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 864.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

<b>Subtotal Of Receipts This Page</b> (optional).....	0.00
<b>Total This Period</b> (last page this line number only).....	

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10159</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 703.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10160</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 827.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10161</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 1656.20
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 648 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10162</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 874.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10163</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 1032.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10164</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 825.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 649 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10521</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -769.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10522</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -542.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10523</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -542.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10524</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Category/Type	Amount of Each Disbursement this Period -703.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10525</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Category/Type	Amount of Each Disbursement this Period -1032.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FOUR SEASONS HOTEL</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 2800 PENNSYLVANIA AVE. NW		<b>Transaction ID : SB23CCUV.10181</b>
City WASHINGTON	State DC Zip Code 20007	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	Amount of Each Disbursement this Period 131.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. GRANITE STATE LUNCHBOX</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1750 ELM ST		<b>Transaction ID : SB23CCUV.10183</b>
City MANCHESTER	State NH	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 0.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GRANITE STATE LUNCHBOX</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1750 ELM ST		<b>Transaction ID : SB23CCUV.10184</b>
City MANCHESTER	State NH	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 0.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10193</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 0.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10194</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 167.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10195</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 166.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10196</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 166.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10197</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 110.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10198</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 110.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10199</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 110.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10200</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 110.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10201</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 110.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10202</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 110.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 655 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10203</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 110.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. HB BOOKSELLER</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1 MEADOWLANDS PLAZA		<b>Transaction ID : SB23CCUV.10204</b>
City EAST RUTHERFORD	State NJ	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 9.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10216</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 330.92
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10217</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 199.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10218</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 199.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. HOLIDAY INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		<b>Transaction ID : SB23CCUV.10220</b>
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 311.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 657 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HOLIDAY INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		Transaction ID : <b>SB23CCUV.10221</b>
City ATLANTA State GA Zip Code 30346-2149	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 144.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HOLIDAY INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		Transaction ID : <b>SB23CCUV.10222</b>
City ATLANTA State GA Zip Code 30346-2149	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 288.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HOLIDAY INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		Transaction ID : <b>SB23CCUV.10223</b>
City ATLANTA State GA Zip Code 30346-2149	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 155.67
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HOLIDAY INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		Transaction ID : <b>SB23CCUV.10224</b>
City ATLANTA State GA Zip Code 30346-2149	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 144.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HOLIDAY INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		Transaction ID : <b>SB23CCUV.10225</b>
City ATLANTA State GA Zip Code 30346-2149	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 2.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HOLIDAY INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 3 RAVINIA DRIVE, SUITE 100		Transaction ID : <b>SB23CCUV.10226</b>
City ATLANTA State GA Zip Code 30346-2149	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 190.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)  
**A. HOLIDAY INN**

Mailing Address 3 RAVINIA DRIVE, SUITE 100

City ATLANTA State GA Zip Code 30346-2149

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2015

Transaction ID : SB23CCUV.10227

Amount of Each Disbursement this Period: 202.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. HOLIDAY INN**

Mailing Address 3 RAVINIA DRIVE, SUITE 100

City ATLANTA State GA Zip Code 30346-2149

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2015

Transaction ID : SB23CCUV.10228

Amount of Each Disbursement this Period: 190.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. IOWA STATE FAIR**

Mailing Address 3000 EAST GRAND AVE

City DES MOINES State IA Zip Code 50317

Purpose of Disbursement REGISTRATION FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2015

Transaction ID : SB23CCUV.10231

Amount of Each Disbursement this Period: 700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 27-01 QUEENS PLAZA NORTH		<b>Transaction ID : SB23CCUV.10234</b>
City LONG ISLAND	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1112.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		
Full Name (Last, First, Middle Initial) <b>B. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 27-01 QUEENS PLAZA NORTH		<b>Transaction ID : SB23CCUV.10235</b>
City LONG ISLAND	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 588.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		
Full Name (Last, First, Middle Initial) <b>C. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 27-01 QUEENS PLAZA NORTH		<b>Transaction ID : SB23CCUV.10236</b>
City LONG ISLAND	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1086.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 27-01 QUEENS PLAZA NORTH		Transaction ID : <b>SB23CCUV.10237</b>
City LONG ISLAND	State NY	
Purpose of Disbursement TRAVEL	Category/ Type	Amount of Each Disbursement this Period 1366.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 27-01 QUEENS PLAZA NORTH		Transaction ID : <b>SB23CCUV.10528</b>
City LONG ISLAND	State NY	
Purpose of Disbursement CREDIT- TRAVEL	Category/ Type	Amount of Each Disbursement this Period -60.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 27-01 QUEENS PLAZA NORTH		Transaction ID : <b>SB23CCUV.10529</b>
City LONG ISLAND	State NY	
Purpose of Disbursement CREDIT- TRAVEL	Category/ Type	Amount of Each Disbursement this Period -60.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 27-01 QUEENS PLAZA NORTH		<b>Transaction ID : SB23CCUV.10530</b>
City LONG ISLAND	State NY	
Purpose of Disbursement CREDIT- TRAVEL		Amount of Each Disbursement this Period -496.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 27-01 QUEENS PLAZA NORTH		<b>Transaction ID : SB23CCUV.10531</b>
City LONG ISLAND	State NY	
Purpose of Disbursement CREDIT- TRAVEL		Amount of Each Disbursement this Period -496.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 27-01 QUEENS PLAZA NORTH		<b>Transaction ID : SB23CCUV.10532</b>
City LONG ISLAND	State NY	
Purpose of Disbursement CREDIT- TRAVEL		Amount of Each Disbursement this Period -436.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. KUM &amp; GO</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 6400 WESTOWN PKWY		Transaction ID : <b>SB23CCUV.10239</b>
City WEST DES MOINES	State IA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 43.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. LA LOMA MEXICAN RESTAURANT</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 2527 W. 26TH AVE		Transaction ID : <b>SB23CCUV.10240</b>
City DENVER	State CO	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 75.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. LEGAL SEA FOODS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address ONE SEAFOOD WAY		Transaction ID : <b>SB23CCUV.10242</b>
City BOSTON	State MA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. LEGAL SEA FOODS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address ONE SEAFOOD WAY		Transaction ID : SB23CCUV.10243
City BOSTON	State MA	
Zip Code 02210	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 30.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. LUCKY STRIKE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 15260 VENTURA BLVD #1110		Transaction ID : SB23CCUV.10244
City SHERMAN OAKS	State CA	
Zip Code 91403	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 80.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. LUCKY'S BOSTON</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 15260 VENTURA BLVD #1110		Transaction ID : SB23CCUV.10245
City SHERMAN OAKS	State CA	
Zip Code 91403	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 10.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23CCUV.10250</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 382.64
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23CCUV.10251</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 750.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. MOUNTAIN VIEW GRAND RESORT</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 101 MT VIEW RD		<b>Transaction ID : SB23CCUV.10252</b>
City WHITFIELD	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 289.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. MOUNTAIN VIEW GRAND RESORT</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 101 MT VIEW RD		Transaction ID : <b>SB23CCUV.10533</b>
City WHITFIELD	State NH	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -289.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. NESTLE PURE LIFE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 900 LONG RIDGE ROAD		Transaction ID : <b>SB23CCUV.10254</b>
City STAMFORD	State CT	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 38.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. NEW YORK TAXI</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 33 BEAVER STREET		Transaction ID : <b>SB23CCUV.10255</b>
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 16.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. NEW YORK TAXI</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 33 BEAVER STREET		<b>Transaction ID : SB23CCUV.10256</b>
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. NEW YORK TAXI</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 33 BEAVER STREET		<b>Transaction ID : SB23CCUV.10257</b>
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 13.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. NEW YORK TAXI</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 33 BEAVER STREET		<b>Transaction ID : SB23CCUV.10258</b>
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 12.36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 668 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. OTG DCA VENTURE, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 352 PARK AVENUE SOUTH FLOOR 10		Transaction ID : <b>SB23CCUV.10261</b>
City NEW YORK	State NY	
Purpose of Disbursement TRANSPORTATION SERVICE	Category/ Type	Amount of Each Disbursement this Period 102.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PURITAN BACKROOM</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 245 HOOKSETT ROAD		Transaction ID : <b>SB23CCUV.10263</b>
City MANCHESTER	State NH	
Purpose of Disbursement FOOD/BEVERAGE	Category/ Type	Amount of Each Disbursement this Period 103.80
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. REGAL GALLERY PLACE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 701 7TH ST NW		Transaction ID : <b>SB23CCUV.10265</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRANSPORTATION SERVICE	Category/ Type	Amount of Each Disbursement this Period 19.22
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SHERATON</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address ONE STARPOINT		<b>Transaction ID : SB23CCUV.10276</b>
City STAMFORD State CT Zip Code 06902	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 300.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHERATON</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address ONE STARPOINT		<b>Transaction ID : SB23CCUV.10277</b>
City STAMFORD State CT Zip Code 06902	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 300.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHERATON</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address ONE STARPOINT		<b>Transaction ID : SB23CCUV.10278</b>
City STAMFORD State CT Zip Code 06902	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 300.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SHERATON</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address ONE STARPOINT		<b>Transaction ID : SB23CCUV.10279</b>
City STAMFORD State CT Zip Code 06902	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 300.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHERATON</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address ONE STARPOINT		<b>Transaction ID : SB23CCUV.10280</b>
City STAMFORD State CT Zip Code 06902	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 300.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 36647-1CR		<b>Transaction ID : SB23CCUV.10284</b>
City DALLAS State TX Zip Code 75235	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 260.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 36647-1CR		<b>Transaction ID : SB23CCUV.10285</b>
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 372.00	
Purpose of Disbursement TRAVEL	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 36647-1CR		<b>Transaction ID : SB23CCUV.10286</b>
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 372.00	
Purpose of Disbursement TRAVEL	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 36647-1CR		<b>Transaction ID : SB23CCUV.10287</b>
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 520.00	
Purpose of Disbursement TRAVEL	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 36647-1CR		<b>Transaction ID : SB23CCUV.10536</b>
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period -372.00	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 36647-1CR		<b>Transaction ID : SB23CCUV.10537</b>
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period -260.00	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 36647-1CR		<b>Transaction ID : SB23CCUV.10538</b>
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period -260.00	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address P.O. BOX 36647-1CR		Transaction ID : <b>SB23CCUV.10539</b>
City DALLAS	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -372.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. SUGAR HILL INN</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 116 NEW HAMPSHIRE 117		Transaction ID : <b>SB23CCUV.10295</b>
City SUGAR HILL	State NH	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 774.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. SUN COUNTRY AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1300 MENDOTA HEIGHTS ROAD		Transaction ID : <b>SB23CCUV.10296</b>
City MENDOTA HEIGHTS	State MN	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 158.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SUNNY'S WORLDWIDE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		<b>Transaction ID : SB23CCUV.10306</b>
City STERLING	State VA	
Purpose of Disbursement TRANSPORTATION SERVICE	Candidate Name	Amount of Each Disbursement this Period 226.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. SUNNY'S WORLDWIDE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		<b>Transaction ID : SB23CCUV.10307</b>
City STERLING	State VA	
Purpose of Disbursement TRANSPORTATION SERVICE	Candidate Name	Amount of Each Disbursement this Period 90.03
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. SUNNY'S WORLDWIDE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		<b>Transaction ID : SB23CCUV.10308</b>
City STERLING	State VA	
Purpose of Disbursement TRANSPORTATION SERVICE	Candidate Name	Amount of Each Disbursement this Period 218.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 675 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SUNNY'S WORLDWIDE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		<b>Transaction ID : SB23CCUV.10309</b>
City STERLING	State VA	
Purpose of Disbursement TRANSPORTATION SERVICE	Candidate Name	Amount of Each Disbursement this Period 303.67
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. SUNNY'S WORLDWIDE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		<b>Transaction ID : SB23CCUV.10310</b>
City STERLING	State VA	
Purpose of Disbursement TRANSPORTATION SERVICE	Candidate Name	Amount of Each Disbursement this Period 168.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. SUNNY'S WORLDWIDE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		<b>Transaction ID : SB23CCUV.10311</b>
City STERLING	State VA	
Purpose of Disbursement TRANSPORTATION SERVICE	Candidate Name	Amount of Each Disbursement this Period 1310.42
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SUNNY'S WORLDWIDE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		<b>Transaction ID : SB23CCUV.10312</b>
City STERLING	State VA	
Purpose of Disbursement TRANSPORTATION SERVICE	Candidate Name	Amount of Each Disbursement this Period 90.03
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. SUNNY'S WORLDWIDE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		<b>Transaction ID : SB23CCUV.10313</b>
City STERLING	State VA	
Purpose of Disbursement TRANSPORTATION SERVICE	Candidate Name	Amount of Each Disbursement this Period 134.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. SUNNY'S WORLDWIDE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		<b>Transaction ID : SB23CCUV.10314</b>
City STERLING	State VA	
Purpose of Disbursement TRANSPORTATION SERVICE	Candidate Name	Amount of Each Disbursement this Period 103.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 677 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. TRATTORIA TRECOLORI</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 254 W 47th St		<b>Transaction ID : SB23CCUV.10331</b>
City NEW YORK	State NY	
Purpose of Disbursement FOOD/BEVERAGE	Category/ Type	Amount of Each Disbursement this Period 155.18
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TUSCANY RESTAURANT</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4209 N KINGS HWY		<b>Transaction ID : SB23CCUV.10334</b>
City MYRTLE BEACH	State SC	
Purpose of Disbursement FOOD/BEVERAGE	Category/ Type	Amount of Each Disbursement this Period 69.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UBER</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1455 MARKET STREET		<b>Transaction ID : SB23CCUV.10337</b>
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRANSPORTATION SERVICE	Category/ Type	Amount of Each Disbursement this Period 10.50
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UBER</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1455 MARKET STREET		<b>Transaction ID : SB23CCUV.10338</b>
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRANSPORTATION SERVICE	Category/ Type	Amount of Each Disbursement this Period 41.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. UBER</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1455 MARKET STREET		<b>Transaction ID : SB23CCUV.10339</b>
City SAN FRANCISCO	State CA	
Purpose of Disbursement TRANSPORTATION SERVICE	Category/ Type	Amount of Each Disbursement this Period 16.04
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10355</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Category/ Type	Amount of Each Disbursement this Period 47.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10356</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1185.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10357</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 344.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10358</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 29.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10359</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 619.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10360</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 19.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10361</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 19.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10362</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 791.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10363</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 791.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10364</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 356.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 682 / 862

23  24  25  26  27a  
 27b  28a  28b  28c  29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)  
**A. UNITED AIRLINES**

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
09 / 01 / 2015

Transaction ID : SB23CCUV.10365

Amount of Each Disbursement this Period: 672.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. UNITED AIRLINES**

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
09 / 01 / 2015

Transaction ID : SB23CCUV.10366

Amount of Each Disbursement this Period: 672.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. UNITED AIRLINES**

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
09 / 01 / 2015

Transaction ID : SB23CCUV.10367

Amount of Each Disbursement this Period: 785.10

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10550</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -47.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10551</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -19.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10552</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -1185.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10553</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -791.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10554</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -791.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23CCUV.10555</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -203.33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 685 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10556</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -672.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23CCUV.10557</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -672.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. UPS STORE</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 6060 CORNERSTONE COURT WEST		Transaction ID : <b>SB23CCUV.10374</b>
City SAN DIEGO	State CA	
Purpose of Disbursement DELIVERY	Candidate Name	Amount of Each Disbursement this Period 55.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 686 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10417</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 434.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10418</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 434.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10419</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 684.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 687 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10420</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 26.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10421</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 709.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10422</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 434.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 688 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10423</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 871.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10424</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 871.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10425</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 434.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 689 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10426</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 441.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10427</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 441.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10428</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 484.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 690 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10429</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 484.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10430</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10431</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 26.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10432</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 228.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10433</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 203.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10434</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 713.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10435</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 713.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10436</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 29.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10437</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 29.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10438</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 411.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10439</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 411.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10440</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 341.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10441</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 341.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10442</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10443</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 695 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10444</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 738.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10445</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 738.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10446</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 193.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 696 / 862

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

**A. US AIRWAYS**

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E. SKY HARBOR BLVD.

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 09 / 01 / 2015

Transaction ID : SB23CCUV.10447

Amount of Each Disbursement this Period 637.10

[MEMO ITEM]

**B. US AIRWAYS**

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E. SKY HARBOR BLVD.

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 09 / 01 / 2015

Transaction ID : SB23CCUV.10448

Amount of Each Disbursement this Period 882.10

[MEMO ITEM]

**C. US AIRWAYS**

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E. SKY HARBOR BLVD.

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 09 / 01 / 2015

Transaction ID : SB23CCUV.10449

Amount of Each Disbursement this Period 778.60

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 697 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10450</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10451</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10452</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 639.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 698 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10453</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10454</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10455</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 699 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10456</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 637.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10457</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 434.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10458</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 434.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 700 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10459</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10460</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10461</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 452.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10462</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 61.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10463</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 43.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10464</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 711.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 702 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10465</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 955.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10466</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 904.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10467</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 904.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10468</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 341.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10469</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 709.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10470</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 341.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10567</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -22.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10568</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -682.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10569</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -160.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 705 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10570</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -26.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10571</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -709.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10572</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -709.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 706 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10573</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -434.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10574</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -484.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10575</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -484.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 707 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10576</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -434.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10577</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10578</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -713.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10579</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -713.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10580</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10581</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10582</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -738.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10583</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -29.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10584</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -29.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 710 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10585</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -411.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10586</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -411.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10587</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -639.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10588</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -365.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10589</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -452.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		<b>Transaction ID : SB23CCUV.10590</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : <b>SB23CCUV.10591</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -363.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. WASHINGTON COURT HOTEL</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 525 NEW JERSEY AVE NW		Transaction ID : <b>SB23CCUV.10480</b>
City WASHINGTON	State DC	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 518.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. WNRC</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 124 CENTER ROAD		Transaction ID : <b>SB23CCUV.10482</b>
City DUDLEY	State MA	
Purpose of Disbursement ADVERTISING	Candidate Name	Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 713 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

## A. BILLS ROCK BAR

Mailing Address 16 WEST 51ST ST

City State Zip Code  
NEW YORK NY 10019

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Transaction ID : SB23.9068

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

## B. BLUE RIDGE ELECTRIC COOP

Mailing Address ATTN: SAMMY W. DICKSON

City State Zip Code  
WESTMINSTER SC 29693

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Transaction ID : SB23.9069

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

## C. BMI

Mailing Address PO BOX 630893

City State Zip Code  
CINCINNATI OH 45263-0893

Purpose of Disbursement  
MUSIC LICENSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Transaction ID : SB23.9070

Amount of Each Disbursement this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 714 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. BOSTON PIZZA PLUS</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2015
Mailing Address 2005 OAKHEART ROAD		<b>Transaction ID : SB23.9071</b>
City MYRTLE BEACH	State SC Zip Code 29579	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 887.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. BRENDAN'S IRISH PUB</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 495 NORTH VENTU		<b>Transaction ID : SB23.9078</b>
City NEWBURY PARK	State CA Zip Code 91320	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 235.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. BRICKSTONE RESTAURANT</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 2217 EAST 9TH STREET		<b>Transaction ID : SB23.9080</b>
City CLEVELAND	State OH Zip Code 44115	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 51.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 887.21

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. BROWNSTEIN HYATT FARBER SCHRECK</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address C/O LAURA BENNETT		<b>Transaction ID : SB23.9089</b>
City DENVER	State CO	
Zip Code 80202	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. CALIFORNIA FRANCHISE TAX BOARD</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address P.O. BOX 942840		<b>Transaction ID : SB23.9092</b>
City SACRAMENTO	State CA	
Zip Code 94240-0040	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 108.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. CALIFORNIA FRANCHISE TAX BOARD</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address P.O. BOX 942840		<b>Transaction ID : SB23.9093</b>
City SACRAMENTO	State CA	
Zip Code 94240-0040	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 108.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1216.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

## A. CALIFORNIA FRANCHISE TAX BOARD

Mailing Address P.O. BOX 942840

City State Zip Code  
SACRAMENTO CA 94240-0040

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2015

Transaction ID : SB23.9094

Amount of Each Disbursement this Period

108.00
--------

Full Name (Last, First, Middle Initial)

## B. CALIFORNIA FRANCHISE TAX BOARD

Mailing Address P.O. BOX 942840

City State Zip Code  
SACRAMENTO CA 94240-0040

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2015

Transaction ID : SB23.9095

Amount of Each Disbursement this Period

108.00
--------

Full Name (Last, First, Middle Initial)

## C. CALIFORNIA FRANCHISE TAX BOARD

Mailing Address P.O. BOX 942840

City State Zip Code  
SACRAMENTO CA 94240-0040

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

Transaction ID : SB23.9096

Amount of Each Disbursement this Period

108.00
--------

Subtotal Of Receipts This Page (optional)..... 324.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CALIFORNIA FRANCHISE TAX BOARD</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address P.O. BOX 942840		<b>Transaction ID : SB23.9097</b>
City SACRAMENTO	State CA	
Zip Code 94240-0040	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 108.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9098</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement MEDIA	Amount of Each Disbursement this Period 9501.91
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9099</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement WEB SERVICE	Amount of Each Disbursement this Period 15482.97
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 25092.88

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9100</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 16564.66	
Purpose of Disbursement WEB SERVICE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9101</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 11816.50	
Purpose of Disbursement DIGITAL CONSULTING/LIST RENTAL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9102</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 6012.49	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>Subtotal Of Receipts This Page</b> (optional).....	34393.65
<b>Total This Period</b> (last page this line number only).....	

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9103</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1011.81	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9104</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 2799.97	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9105</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 741.21	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 4552.99

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9106</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 531.11	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9107</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 822.53	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9108</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 584.14	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1937.78

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9109</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period \$ 879.46	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9110</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period \$ 338.75	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9111</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period \$ 1068.16	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... **2286.37**

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9112</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 393.19	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9113</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 319.36	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9114</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 319.38	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1031.93

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9115</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 14922.31	
Purpose of Disbursement WEB SERVICE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.9116</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 10127.75	
Purpose of Disbursement WEB SERVICE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITAL CITY PARTNERS, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 1100 G STREET, NW		<b>Transaction ID : SB23.9117</b>
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 6000.00	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 31050.06

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CAPITAL CITY PARTNERS, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 1100 G STREET, NW		<b>Transaction ID : SB23.9118</b>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Amount of Each Disbursement this Period 8342.19
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. CAPITAL CITY PARTNERS, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1100 G STREET, NW		<b>Transaction ID : SB23.9119</b>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement GRASSROOTS ORGANIZING	Amount of Each Disbursement this Period 6941.04
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. CAPTION PERFECT, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 126 KINGSTON DRIVE, SUITE115		<b>Transaction ID : SB23.9120</b>
City CHAPEL HILL	State NC	
Zip Code 27514-1630	Purpose of Disbursement MEDIA	Amount of Each Disbursement this Period 3418.21
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 18701.44

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. CAROLINA BUSINESS EQUIPMENT**

Mailing Address 5123 BUSH RIVER ROAD

City COLUMBIA State SC Zip Code 29212

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2015

Transaction ID : SB23.9122

Amount of Each Disbursement this Period

340.00

Full Name (Last, First, Middle Initial)

**B. CAROLINA BUSINESS EQUIPMENT**

Mailing Address 5123 BUSH RIVER ROAD

City COLUMBIA State SC Zip Code 29212

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

Transaction ID : SB23.9123

Amount of Each Disbursement this Period

340.00

Full Name (Last, First, Middle Initial)

**C. CAROLINA BUSINESS EQUIPMENT**

Mailing Address 5123 BUSH RIVER ROAD

City COLUMBIA State SC Zip Code 29212

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

Transaction ID : SB23.9124

Amount of Each Disbursement this Period

340.00

Subtotal Of Receipts This Page (optional)..... 1020.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CATCHFIRE CREATIVE</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 16 MARKET SQUARE		<b>Transaction ID : SB23.9134</b>
City PORTSMOUTH	State NH	
Zip Code 03801	Purpose of Disbursement PHOTOGRAPHY SERVICE	Amount of Each Disbursement this Period 1250.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. CHAPIN LABOR DAY FESTIVAL</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address PO BOX 183		<b>Transaction ID : SB23.9136</b>
City CHAPIN	State SC	
Zip Code 29036	Purpose of Disbursement REGISTRATION FEE	Amount of Each Disbursement this Period 25.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. CHICK FIL A</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 5200 BUFFINGTON ROAD		<b>Transaction ID : SB23.9140</b>
City ATLANTA	State GA	
Zip Code 30349	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 83.22
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1358.22

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 727 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CHICK FIL A</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 5200 BUFFINGTON ROAD		<b>Transaction ID : SB23.9141</b>
City ATLANTA	State GA	
Zip Code 30349	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 316.86
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHICK FIL A</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 5200 BUFFINGTON ROAD		<b>Transaction ID : SB23.9142</b>
City ATLANTA	State GA	
Zip Code 30349	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 36.10
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CHICK FIL A</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 5200 BUFFINGTON ROAD		<b>Transaction ID : SB23.9143</b>
City ATLANTA	State GA	
Zip Code 30349	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 114.95
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 317.91

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CITY OF MANCHESTER</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 25 VINE STREET		<b>Transaction ID : SB23.9155</b>
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement PARKING	Amount of Each Disbursement this Period 1.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9156</b>
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Amount of Each Disbursement this Period 15947.40
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9158</b>
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Amount of Each Disbursement this Period 25.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 15973.40

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9159</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Category/ Type	Amount of Each Disbursement this Period 60.63
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9160</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Category/ Type	Amount of Each Disbursement this Period 1000.75
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9161</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Category/ Type	Amount of Each Disbursement this Period 158.85
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 1220.23

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 730 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9162</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 267.55
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9163</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 139.25
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9164</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 18592.03
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional).....  18998.83

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9165</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="120.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9166</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="150.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9167</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1091.04"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9168</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 453.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9169</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 150.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9170</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 700.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 1303.60

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9171</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period \$ 125.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9172</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period \$ 495.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9173</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period \$ 54.25
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... → \$ 674.25

Total This Period (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9174</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 74.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9175</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 152.80
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB23.9176</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 123.38
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 350.18

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 735 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

**A. COLONIAL LIFE & ACCIDENT INSURANCE CO.**

Full Name (Last, First, Middle Initial)  
Mailing Address 1200 COLONIAL LIFE BLVD

City COLUMBIA State SC Zip Code 29210

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 07 / 2015

Transaction ID : **SB23.9178**

Amount of Each Disbursement this Period  
2925.00

Category/ Type

**B. COLONIAL LIFE & ACCIDENT INSURANCE CO.**

Full Name (Last, First, Middle Initial)  
Mailing Address 1200 COLONIAL LIFE BLVD

City COLUMBIA State SC Zip Code 29210

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 02 / 2015

Transaction ID : **SB23.9179**

Amount of Each Disbursement this Period  
2925.00

Category/ Type

**C. COLONIAL LIFE & ACCIDENT INSURANCE CO.**

Full Name (Last, First, Middle Initial)  
Mailing Address 1200 COLONIAL LIFE BLVD

City COLUMBIA State SC Zip Code 29210

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 09 / 2015

Transaction ID : **SB23.9180**

Amount of Each Disbursement this Period  
5850.00

Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 11700.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. COLUMBIA ARMORY</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 1225 BLUFF ROAD		<b>Transaction ID : SB23.9181</b>
City COLA	State SC	
Zip Code 29201	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 100.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. COMCAST</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address PO BOX 3005		<b>Transaction ID : SB23.9182</b>
City SOUTHEASTERN	State PA	
Zip Code 19398-3005	Purpose of Disbursement UTILITIES	Amount of Each Disbursement this Period 710.38
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. COMCAST</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address PO BOX 3005		<b>Transaction ID : SB23.9183</b>
City SOUTHEASTERN	State PA	
Zip Code 19398-3005	Purpose of Disbursement UTILITIES	Amount of Each Disbursement this Period 346.19
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 1156.57

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CONNELL DONATELLI, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address P.O. BOX 1877		<b>Transaction ID : SB23.9184</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement MEDIA	Candidate Name	Amount of Each Disbursement this Period 9,999.99 13800.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CONNELL DONATELLI, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address P.O. BOX 1877		<b>Transaction ID : SB23.9185</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 9,999.99 28750.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CONNELL DONATELLI, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address P.O. BOX 1877		<b>Transaction ID : SB23.9186</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement WEB SERVICE	Candidate Name	Amount of Each Disbursement this Period 9,999.99 48750.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 91300.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. COPPER DOOR LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 15 LEAVY DRIVE		<b>Transaction ID : SB23.9187</b>
City BEDFORD	State NH	
Zip Code 03110	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 836.18
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. COURTYARD BY MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23.9188</b>
City BETHESDA	State MD	
Zip Code 20817	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 42.51
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. COURTYARD BY MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23.9189</b>
City BETHESDA	State MD	
Zip Code 20817	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 412.02
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 830.71

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 739 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. COVINGTON &amp; BURLING, LLP</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address ONE CITYCENTER		<b>Transaction ID : SB23.9190</b>
City WASHINGTON	State DC	
Purpose of Disbursement LEGAL CONSULTING	Zip Code 20001	Amount of Each Disbursement this Period 7539.27
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. COVINGTON &amp; BURLING, LLP</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address ONE CITYCENTER		<b>Transaction ID : SB23.9191</b>
City WASHINGTON	State DC	
Purpose of Disbursement LEGAL CONSULTING	Zip Code 20001	Amount of Each Disbursement this Period 7560.19
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. COVINGTON &amp; BURLING, LLP</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address ONE CITYCENTER		<b>Transaction ID : SB23.9192</b>
City WASHINGTON	State DC	
Purpose of Disbursement LEGAL CONSULTING	Zip Code 20001	Amount of Each Disbursement this Period 7525.90
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 22625.36

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 740 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. CRYSTAL ROWLAND & ASSOCIATES**

Mailing Address 302 WASHINGTON STREET, SUITE 555

City SAN DIEGO State CA Zip Code 92103

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

Transaction ID : SB23.9193

Amount of Each Disbursement this Period

3	8	6	1	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. CVS**

Mailing Address 1 CVS DRIVE

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

Transaction ID : SB23.9194

Amount of Each Disbursement this Period

1	4	.	3	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. DAVIS & HARMAN LLP**

Mailing Address WILLARD OFFICE BUILDING

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	5

Transaction ID : SB23.9197

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Subtotal Of Receipts This Page (optional)..... 4375.35

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 741 / 862

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. DC OFFICE OF TAX & REVENUE**

Mailing Address 1101 4TH ST. SW, SUITE W270

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Transaction ID : SB23.9198

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DC OFFICE OF TAX & REVENUE**

Mailing Address 1101 4TH ST. SW, SUITE W270

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Transaction ID : SB23.9199

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DC OFFICE OF TAX & REVENUE**

Mailing Address 1101 4TH ST. SW, SUITE W270

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Transaction ID : SB23.9200

Amount of Each Disbursement this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

### A. DC OFFICE OF TAX & REVENUE

Mailing Address 1101 4TH ST. SW, SUITE W270

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2015

Transaction ID : SB23.9201

Amount of Each Disbursement this Period

453.00
--------

Full Name (Last, First, Middle Initial)

### B. DC OFFICE OF TAX & REVENUE

Mailing Address 1101 4TH ST. SW, SUITE W270

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

Transaction ID : SB23.9202

Amount of Each Disbursement this Period

453.00
--------

Full Name (Last, First, Middle Initial)

### C. DC OFFICE OF TAX & REVENUE

Mailing Address 1101 4TH ST. SW, SUITE W270

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2015

Transaction ID : SB23.9203

Amount of Each Disbursement this Period

453.00
--------

Subtotal Of Receipts This Page (optional)..... 1359.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DC TASTE</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 1600 FITZGERALD LANE		<b>Transaction ID : SB23.9204</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 4259.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. DELI NEWS &amp; MORE</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 1406 KING STREET		<b>Transaction ID : SB23.9205</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 10.02
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. DEP'T OF TAXATION &amp; FINANCE - NY STATE</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address PO BOX 4119		<b>Transaction ID : SB23.9218</b>
City BINGHAMTON	State NY	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Amount of Each Disbursement this Period 61.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Subtotal Of Receipts This Page (optional)..... **4331.31**

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 744 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DEPARTMENT OF THE TREASURY</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address INTERNAL REVENUE SERVICE		<b>Transaction ID : SB23.9212</b>
City CINCINNATI State OH Zip Code 45280-4522	Amount of Each Disbursement this Period 14990.97	
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DEPARTMENT OF THE TREASURY</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address INTERNAL REVENUE SERVICE		<b>Transaction ID : SB23.9213</b>
City CINCINNATI State OH Zip Code 45280-4522	Amount of Each Disbursement this Period 15684.28	
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DEPARTMENT OF THE TREASURY</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address INTERNAL REVENUE SERVICE		<b>Transaction ID : SB23.9214</b>
City CINCINNATI State OH Zip Code 45280-4522	Amount of Each Disbursement this Period 16102.47	
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 46777.72

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 745 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DEPARTMENT OF THE TREASURY</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address INTERNAL REVENUE SERVICE		Transaction ID : <b>SB23.9215</b>
City CINCINNATI State OH Zip Code 45280-4522	Amount of Each Disbursement this Period 16070.97	
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DEPARTMENT OF THE TREASURY</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address INTERNAL REVENUE SERVICE		Transaction ID : <b>SB23.9216</b>
City CINCINNATI State OH Zip Code 45280-4522	Amount of Each Disbursement this Period 16089.23	
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DEPARTMENT OF THE TREASURY</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address INTERNAL REVENUE SERVICE		Transaction ID : <b>SB23.9217</b>
City CINCINNATI State OH Zip Code 45280-4522	Amount of Each Disbursement this Period 16435.03	
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 48595.23

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DERRICK, STUBBS &amp; STITH, LLP</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 508 HAMPTON STREET, 1ST FLOOR		<b>Transaction ID : SB23.9221</b>
City COLUMBIA State SC Zip Code 29201	Amount of Each Disbursement this Period 212.50	
Purpose of Disbursement ACCOUNTING SERVICES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DES MOINES REGISTER</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 400 LOCUST STREET		<b>Transaction ID : SB23.9222</b>
City DES MOINES State IA Zip Code 50309	Amount of Each Disbursement this Period 29.00	
Purpose of Disbursement SUBSCRIPTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DISCOVER CARD</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address PO BOX 6103		<b>Transaction ID : SB23.9223</b>
City CAROL STREAM State IL Zip Code 60197-6103	Amount of Each Disbursement this Period 16193.17	
Purpose of Disbursement CREDIT CARD PAYMENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 16434.67

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 747 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. A-B PETROLEUM</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 9700 MONTVIEW BLVD		<b>Transaction ID : SB23CCUV.10034</b>
City AURORA	State CO	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 38.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. ALLEGRA PRINTING</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 47585 GALLEON DRIVE		<b>Transaction ID : SB23CCUV.10037</b>
City PLYMOUTH	State MI	
Purpose of Disbursement PRINTING	Candidate Name	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. ALLEGRA PRINTING</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 47585 GALLEON DRIVE		<b>Transaction ID : SB23CCUV.10483</b>
City PLYMOUTH	State MI	
Purpose of Disbursement CREDIT- PRINTING	Candidate Name	Amount of Each Disbursement this Period -15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10055</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10056</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 562.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10057</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 749 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10058</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10059</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23CCUV.10060</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 507.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10061</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 246.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10062</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 959.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10491</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23CCUV.10492</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -507.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		Transaction ID : <b>SB23CCUV.10081</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 246.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 4300 GARDEN CITY DRIVE		Transaction ID : <b>SB23CCUV.10082</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 26.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ARAMARK</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 100 MADREN CENTER DR		Transaction ID : <b>SB23CCUV.10090</b>
City CLEMSON	State SC	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 946.63
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. BOINGO WIRELESS</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 10960 WILSHIRE BLVD		Transaction ID : <b>SB23CCUV.10094</b>
City LOS ANGELES	State CA	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 6.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. CAROLINA CONCESSIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 3008 AVIATION WAY		Transaction ID : <b>SB23CCUV.10095</b>
City WEST COLUMBIA	State SC	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 15.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10143</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1159.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10144</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 491.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10145</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 59.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Transaction ID : SB23CCUV.10146

Amount of Each Disbursement this Period

1	3	7	3	.	2	0
---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Transaction ID : SB23CCUV.10147

Amount of Each Disbursement this Period

5	9	1	.	1	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Transaction ID : SB23CCUV.10148

Amount of Each Disbursement this Period

9	.	9	9
---	---	---	---

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10519</b>
City ATLANTA      State GA      Zip Code 30354	Amount of Each Disbursement this Period -491.10	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23CCUV.10520</b>
City ATLANTA      State GA      Zip Code 30354	Amount of Each Disbursement this Period -16.50	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. EMBASSY SUITES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10167</b>
City MCLEAN      State VA      Zip Code 22102	Amount of Each Disbursement this Period 233.95	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:      District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT

City State Zip Code  
MEMPHIS TN 38116

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2015

Transaction ID : SB23CCUV.10168

Amount of Each Disbursement this Period

21.88
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT

City State Zip Code  
MEMPHIS TN 38116

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2015

Transaction ID : SB23CCUV.10169

Amount of Each Disbursement this Period

26.16
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT

City State Zip Code  
MEMPHIS TN 38116

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2015

Transaction ID : SB23CCUV.10170

Amount of Each Disbursement this Period

26.43
-------

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : <b>SB23CCUV.10171</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 54.59	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : <b>SB23CCUV.10172</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 58.70	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : <b>SB23CCUV.10173</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 26.43	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : <b>SB23CCUV.10174</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 26.43	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : <b>SB23CCUV.10175</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 28.16	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : <b>SB23CCUV.10176</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 26.43	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.10177
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 65.31	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.10178
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 26.43	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : SB23CCUV.10179
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 26.43	
Purpose of Disbursement DELIVERY	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. FIRE RESTAURANT</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 1201 BROADWAY		Transaction ID : <b>SB23CCUV.10180</b>
City DENVER	State CO	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 627.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. GOGO INFLIGHT</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 111 N CANAL STREET		Transaction ID : <b>SB23CCUV.10182</b>
City CHICAGO	State IL	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 59.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		Transaction ID : <b>SB23CCUV.10188</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 219.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10189</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 329.67
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10190</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 329.67
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10191</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 574.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10192</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 556.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. HILTON</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10206</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 155.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. HILTON</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10207</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 155.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HILTON</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10208</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 144.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23CCUV.10215</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 321.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. IDONATEPRO</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 144 W D ST		<b>Transaction ID : SB23CCUV.10229</b>
City ENCINITAS	State CA	
Purpose of Disbursement SUBSCRIPTION	Candidate Name	Amount of Each Disbursement this Period 125.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23CCUV.10249</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 87.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. OFFICE DEPOT</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 421 BUSH RIVER ROAD		<b>Transaction ID : SB23CCUV.10260</b>
City COLUMBIA	State SC	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 69.12
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. REPUBLIC WIRELESS</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 900 MAIN CAMPUS		<b>Transaction ID : SB23CCUV.10267</b>
City RALEIGH	State NC	
Purpose of Disbursement TELEPHONE SERVICE	Candidate Name	Amount of Each Disbursement this Period 59.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ROMANOS</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 9900 WESTPARK DRIVE SUITE 300		Transaction ID : <b>SB23CCUV.10268</b>
City HOUSTON	State TX	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 79.64
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RPS COLUMBIA</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 3250 AIRPORT BOULEVARD		Transaction ID : <b>SB23CCUV.10269</b>
City WEST COLUMBIA	State SC	
Purpose of Disbursement PARKING	Candidate Name	Amount of Each Disbursement this Period 24.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SAM'S CLUB</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address SE 25TH ST		Transaction ID : <b>SB23CCUV.10270</b>
City BENTONVILLE	State AR	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 39.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SAM'S CLUB</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address SE 25TH ST		Transaction ID : <b>SB23CCUV.10271</b>
City BENTONVILLE	State AR	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 31.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. SHERATON</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address ONE STARPOINT		Transaction ID : <b>SB23CCUV.10273</b>
City STAMFORD	State CT	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1001.18
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : <b>SB23CCUV.10292</b>
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 11.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SUNNY'S WORLDWIDE</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		<b>Transaction ID : SB23CCUV.10305</b>
City STERLING	State VA	
Purpose of Disbursement TRANSPORTATION SERVICE	Zip Code 20166	Amount of Each Disbursement this Period 196.00
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                  District:		

Full Name (Last, First, Middle Initial) <b>B. THE CHATEAUX</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 7815 ROYAL STREET		<b>Transaction ID : SB23CCUV.10316</b>
City PARK CITY	State UT	
Purpose of Disbursement TRAVEL	Zip Code 84060	Amount of Each Disbursement this Period 393.78
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                  District:		

Full Name (Last, First, Middle Initial) <b>C. THE JAMES F MARTIN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 240 MADREN CENTER DRIVE		<b>Transaction ID : SB23CCUV.10322</b>
City CLEMSON	State SC	
Purpose of Disbursement TRAVEL	Zip Code 29634	Amount of Each Disbursement this Period 233.10
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                  District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. THE JAMES F MARTIN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 240 MADREN CENTER DRIVE		<b>Transaction ID : SB23CCUV.10323</b>
City CLEMSON	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 116.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. THE JAMES F MARTIN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 240 MADREN CENTER DRIVE		<b>Transaction ID : SB23CCUV.10324</b>
City CLEMSON	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 116.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. THE JAMES F MARTIN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 240 MADREN CENTER DRIVE		<b>Transaction ID : SB23CCUV.10325</b>
City CLEMSON	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 255.31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. THE JAMES F MARTIN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 240 MADREN CENTER DRIVE		<b>Transaction ID : SB23CCUV.10326</b>
City CLEMSON	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 116.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. THE JAMES F MARTIN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 240 MADREN CENTER DRIVE		<b>Transaction ID : SB23CCUV.10327</b>
City CLEMSON	State SC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 116.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. THE JOURNAL SENECA</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 210 WEST N. 1ST STREET		<b>Transaction ID : SB23CCUV.10328</b>
City SENECA	State SC	
Purpose of Disbursement ADVERTISING	Candidate Name	Amount of Each Disbursement this Period 1097.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. TPM COLUMBIA</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 1241 ASSEMBLY STREET		Transaction ID : <b>SB23CCUV.10330</b>
City COLUMBIA State SC Zip Code 29201	Amount of Each Disbursement this Period 97.20	
Purpose of Disbursement PARKING	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TRAVELOCITY</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 3150 SABRE DRIVE		Transaction ID : <b>SB23CCUV.10332</b>
City SOUTHLAKE State TX Zip Code 76092	Amount of Each Disbursement this Period 7.99	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TURN BAR AND GRILL</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 295 MAIN STREET		Transaction ID : <b>SB23CCUV.10333</b>
City LOS ALTOS State CA Zip Code 94022	Amount of Each Disbursement this Period 88.12	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 771 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : <b>SB23CCUV.10416</b>
City PHOENIX	State AZ	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 339.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD.		Transaction ID : <b>SB23CCUV.10566</b>
City PHOENIX	State AZ	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -339.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : <b>SB23CCUV.10473</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 116.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23CCUV.10474</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 5.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23CCUV.10475</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 3.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. VIVACE</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 509 23RD STREET S		<b>Transaction ID : SB23CCUV.10478</b>
City ARLINGTON	State VA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 40.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 773 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. WAL-MART</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address SE 25TH ST		Transaction ID : <b>SB23CCUV.10479</b>
City BENTONVILLE	State AR	
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period 2.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. WESTIN GRILL</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 1 STAR POINT		Transaction ID : <b>SB23CCUV.10481</b>
City STAMFORD	State CT	
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 32.25
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. DOMINOS</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 785 ELKRIDGE LANDING ROAD #120		Transaction ID : <b>SB23.9224</b>
City LINTHICUM HEIGHTS	State MD	
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 44.51
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 44.51

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DOUBLE EAGLE</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 8649 PHOENIX DR		<b>Transaction ID : SB23.9225</b>
City MANASSAS	State VA	
Purpose of Disbursement EQUIPMENT INSTALLATION	Candidate Name	Amount of Each Disbursement this Period 2706.42
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. DUNKIN DONUTS</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2015
Mailing Address 130 ROYALL STREET		<b>Transaction ID : SB23.9226</b>
City CANTON	State MA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 33.63
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. EAGAN NEW MEDIA</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1818 L STREET #314		<b>Transaction ID : SB23.9227</b>
City SACRAMENTO	State CA	
Purpose of Disbursement MEDIA	Candidate Name	Amount of Each Disbursement this Period 24500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 27240.05

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. EAGAN NEW MEDIA</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1818 L STREET #314		<b>Transaction ID : SB23.9228</b>
City SACRAMENTO	State CA	
Purpose of Disbursement DIGITAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 12000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. EAGAN NEW MEDIA</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1818 L STREET #314		<b>Transaction ID : SB23.9229</b>
City SACRAMENTO	State CA	
Purpose of Disbursement DIGITAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 12000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. EAST MERIDIAN STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 219 EAST TAYLOR RUN PKWY		<b>Transaction ID : SB23.9230</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 7500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 31500.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 776 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

## A. EAST MERIDIAN STRATEGIES

Mailing Address 219 EAST TAYLOR RUN PKWY

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

Transaction ID : SB23.9231

Amount of Each Disbursement this Period

8	7	4	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

## B. EAST MERIDIAN STRATEGIES

Mailing Address 219 EAST TAYLOR RUN PKWY

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	5

Transaction ID : SB23.9232

Amount of Each Disbursement this Period

7	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

## C. EAST MERIDIAN STRATEGIES

Mailing Address 219 EAST TAYLOR RUN PKWY

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TRAVEL REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	5

Transaction ID : SB23.9233

Amount of Each Disbursement this Period

1	7	7	4	4	3
---	---	---	---	---	---

Subtotal Of Receipts This Page (optional)..... 17714.43

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. EAST MERIDIAN STRATEGIES**

Mailing Address 219 EAST TAYLOR RUN PKWY

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Transaction ID : SB23.9234

Amount of Each Disbursement this Period

9	7	0	7	.	2	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. EAST MERIDIAN STRATEGIES**

Mailing Address 219 EAST TAYLOR RUN PKWY

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	5

Transaction ID : SB23.9235

Amount of Each Disbursement this Period

1	3	9	8	.	9	3
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. EFAX**

Mailing Address 6922 HOLLYWOOD BLVD. #500

City LOS ANGELES State CA Zip Code 90028

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Transaction ID : SB23.9237

Amount of Each Disbursement this Period

1	6	.	9	5
---	---	---	---	---

Subtotal Of Receipts This Page (optional)..... 23714.13

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)  
**A. ELM STREET, LLC**

Mailing Address **670 NORTH COMMERCIAL STREET**

City **MANCHESTER**    State **NH**    Zip Code **03101**

Purpose of Disbursement  
**RENT**

Candidate Name

Office Sought:  House     Senate     President    Disbursement For:  Primary     General     Other (specify) ▼

State:    District:

Date of Disbursement: **09 / 14 / 2015**

**Transaction ID : SB23.9242**

Amount of Each Disbursement this Period  
**10500.00**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. EXETER HISTORICAL SOCIETY**

Mailing Address **47 FRONT STREET**

City **EXETER**    State **NH**    Zip Code **03833**

Purpose of Disbursement  
**FACILITY RENTAL**

Candidate Name

Office Sought:  House     Senate     President    Disbursement For:  Primary     General     Other (specify) ▼

State:    District:

Date of Disbursement: **09 / 09 / 2015**

**Transaction ID : SB23.9249**

Amount of Each Disbursement this Period  
**300.00**

Category/Type

Full Name (Last, First, Middle Initial)  
**C. EXXON MOBIL GAS STATION**

Mailing Address **5959 LAS COLINAS BLVD**

City **IRVING**    State **CA**    Zip Code **75039**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House     Senate     President    Disbursement For:  Primary     General     Other (specify) ▼

State:    District:

Date of Disbursement: **08 / 03 / 2015**

**Transaction ID : SB23.9250**

Amount of Each Disbursement this Period  
**13.54**

Category/Type

**Subtotal Of Receipts This Page** (optional)..... **10813.54**

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT

City State Zip Code  
MEMPHIS TN 38116

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

Transaction ID : SB23.9251

Amount of Each Disbursement this Period

13.67
-------

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT

City State Zip Code  
MEMPHIS TN 38116

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Transaction ID : SB23.9252

Amount of Each Disbursement this Period

13.67
-------

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT

City State Zip Code  
MEMPHIS TN 38116

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Transaction ID : SB23.9253

Amount of Each Disbursement this Period

59.72
-------

Subtotal Of Receipts This Page (optional)..... 

87.06
-------

Total This Period (last page this line number only)..... 

--

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 780 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		<b>Transaction ID : SB23.9254</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 31.57	
Purpose of Disbursement DELIVERY	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		<b>Transaction ID : SB23.9255</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 13.54	
Purpose of Disbursement DELIVERY	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		<b>Transaction ID : SB23.9256</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 123.19	
Purpose of Disbursement PRINTING	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 168.30

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		<b>Transaction ID : SB23.9257</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 10.30	
Purpose of Disbursement DELIVERY	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		<b>Transaction ID : SB23.9258</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 13.67	
Purpose of Disbursement DELIVERY	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		<b>Transaction ID : SB23.9259</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 49.51	
Purpose of Disbursement DELIVERY	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>Subtotal Of Receipts This Page</b> (optional).....	73.48
<b>Total This Period</b> (last page this line number only).....	

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		<b>Transaction ID : SB23.9260</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period 9,999.99 59.85	
Purpose of Disbursement DELIVERY	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FRONTRUNNER STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 3017 N. WASHINGTON BLVD.		<b>Transaction ID : SB23.9261</b>
City INDIANAPOLIS State IN Zip Code 46205	Amount of Each Disbursement this Period 9,999.99 7875.00	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23.9262</b>
City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 9,999.99 627.60	
Purpose of Disbursement TRAVEL	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 8562.45

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23.9264</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 922.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23.9265</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 206.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23.9266</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 692.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 1290.31

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23.9267</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 553.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23.9268</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 573.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23.9269</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 139.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 1266.41

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HOON DESIGNS, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 2800 SHIRLINGTON RD, SUITE 920		<b>Transaction ID : SB23.9270</b>
City ARLINGTON	State VA	
Purpose of Disbursement PRINTING	Candidate Name	Amount of Each Disbursement this Period 3250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. HOON DESIGNS, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 2800 SHIRLINGTON RD, SUITE 920		<b>Transaction ID : SB23.9271</b>
City ARLINGTON	State VA	
Purpose of Disbursement PRINTING	Candidate Name	Amount of Each Disbursement this Period 700.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. i360, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address PO BOX 37046		<b>Transaction ID : SB23.9272</b>
City BALTIMORE	State MD	
Purpose of Disbursement SUBSCRIPTION	Candidate Name	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 8950.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. i360, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address PO BOX 37046		<b>Transaction ID : SB23.9273</b>
City BALTIMORE	State MD	
Purpose of Disbursement SUBSCRIPTION	Candidate Name	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/Type

Full Name (Last, First, Middle Initial) <b>B. i360, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address PO BOX 37046		<b>Transaction ID : SB23.9274</b>
City BALTIMORE	State MD	
Purpose of Disbursement SUBSCRIPTION	Candidate Name	Amount of Each Disbursement this Period 10000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/Type

Full Name (Last, First, Middle Initial) <b>C. IDAHO STATE TAX COMMISSION</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address PO BOX 56		<b>Transaction ID : SB23.9275</b>
City BOISE	State ID	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 112.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/Type

**Subtotal Of Receipts This Page** (optional)..... 15112.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 787 / 862

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. IDAHO STATE TAX COMMISSION**

Mailing Address PO BOX 56

City BOISE State ID Zip Code 83756-0056

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2015

Transaction ID : SB23.9276

Amount of Each Disbursement this Period

112.00

Full Name (Last, First, Middle Initial)

**B. IDAHO STATE TAX COMMISSION**

Mailing Address PO BOX 56

City BOISE State ID Zip Code 83756-0056

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2015

Transaction ID : SB23.9277

Amount of Each Disbursement this Period

112.00

Full Name (Last, First, Middle Initial)

**C. IDAHO STATE TAX COMMISSION**

Mailing Address PO BOX 56

City BOISE State ID Zip Code 83756-0056

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

Transaction ID : SB23.9278

Amount of Each Disbursement this Period

112.00

Subtotal Of Receipts This Page (optional)..... 336.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

**A. IDAHO STATE TAX COMMISSION**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 09 / 02 / 2015

Mailing Address PO BOX 56  
Transaction ID : **SB23.9279**

City BOISE State ID Zip Code 83756-0056  
Amount of Each Disbursement this Period: 112.00

Purpose of Disbursement PAYROLL TAXES  
Candidate Name  
Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**B. IF ITS PAPER**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 08 / 11 / 2015

Mailing Address 1801 GERVAIS STREET  
Transaction ID : **SB23.9280**

City COLUMBIA State SC Zip Code 29210  
Amount of Each Disbursement this Period: 38.87

Purpose of Disbursement OFFICE SUPPLIES  
Candidate Name  
Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**C. IN & OUT BURGER**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 09 / 17 / 2015

Mailing Address 4199 CAMPUS DRIVE  
Transaction ID : **SB23.9281**

City IRVINE State CA Zip Code 92612  
Amount of Each Disbursement this Period: 33.81

Purpose of Disbursement FOOD/BEVERAGE  
Candidate Name  
Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Subtotal Of Receipts This Page** (optional)..... 184.68

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 789 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. INSPERITY</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		<b>Transaction ID : SB23.9282</b>
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 9493.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. INSPERITY</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		<b>Transaction ID : SB23.9283</b>
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 11670.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. INSPERITY</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		<b>Transaction ID : SB23.9284</b>
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL TAXES/SERVICE/INSURANCE	Candidate Name	Amount of Each Disbursement this Period 11626.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 32790.83

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 790 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. INSPERITY</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		<b>Transaction ID : SB23.9285</b>
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL TAXES/SERVICE/INSURANCE		Amount of Each Disbursement this Period 11707.37
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. INSPERITY</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		<b>Transaction ID : SB23.9286</b>
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL TAXES/SERVICE/INSURANCE		Amount of Each Disbursement this Period 12233.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. INSPERITY</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		<b>Transaction ID : SB23.9287</b>
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL TAXES/SERVICE/INSURANCE		Amount of Each Disbursement this Period 11954.32
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 35895.29

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

## A. INTEGRAM

Mailing Address 22695 COMMERCE CENTER CT.

City State Zip Code  
DULLES VA 20166

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Transaction ID : SB23.9288

Amount of Each Disbursement this Period

2264.08
---------

Full Name (Last, First, Middle Initial)

## B. INTEGRAM

Mailing Address 22695 COMMERCE CENTER CT.

City State Zip Code  
DULLES VA 20166

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2015

Transaction ID : SB23.9289

Amount of Each Disbursement this Period

21836.30
----------

Full Name (Last, First, Middle Initial)

## C. IOWA DEPARTMENT OF REVENUE

Mailing Address 1305 EAST WALNUT STREET, #3000

City State Zip Code  
DES MOINES IA 50319

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2015

Transaction ID : SB23.9290

Amount of Each Disbursement this Period

282.09
--------

Subtotal Of Receipts This Page (optional)..... **24382.47**

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. IOWA DEPARTMENT OF REVENUE**

Mailing Address 1305 EAST WALNUT STREET, #3000

City State Zip Code  
DES MOINES IA 50319

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

Transaction ID : SB23.9291

Amount of Each Disbursement this Period

2	8	2	.	0	9
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. IOWA DEPARTMENT OF REVENUE**

Mailing Address 1305 EAST WALNUT STREET, #3000

City State Zip Code  
DES MOINES IA 50319

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	5

Transaction ID : SB23.9292

Amount of Each Disbursement this Period

2	8	2	.	0	9
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. IOWA DEPARTMENT OF REVENUE**

Mailing Address 1305 EAST WALNUT STREET, #3000

City State Zip Code  
DES MOINES IA 50319

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	5

Transaction ID : SB23.9293

Amount of Each Disbursement this Period

2	8	2	.	0	9
---	---	---	---	---	---

Subtotal Of Receipts This Page (optional)..... 846.27

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. IOWA DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 1305 EAST WALNUT STREET, #3000		<b>Transaction ID : SB23.9294</b>
City DES MOINES	State IA	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Amount of Each Disbursement this Period 282.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. IOWA DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 1305 EAST WALNUT STREET, #3000		<b>Transaction ID : SB23.9295</b>
City DES MOINES	State IA	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Amount of Each Disbursement this Period 282.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. IRMO INSURANCE AGENCY, INC</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address POST OFFICE BOX 1047		<b>Transaction ID : SB23.9296</b>
City IRMO	State SC	
Purpose of Disbursement INSURANCE	Candidate Name	Amount of Each Disbursement this Period 385.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 950.02

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 794 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. IRMO OKRA STRUT</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address PO BOX 406		<b>Transaction ID : SB23.9297</b>
City IRMO	State SC	
Purpose of Disbursement REGISTRATION FEE	Candidate Name	Amount of Each Disbursement this Period \$ 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. JIMMY JOHN'S</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 2212 FOX DRIVE		<b>Transaction ID : SB23.9299</b>
City CHAMPAIGN	State IL	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period \$ 79.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. KEENE SENIOR CENTER</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 70 COURT STREET		<b>Transaction ID : SB23.9333</b>
City KEENE	State NH	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period \$ 200.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

**Subtotal Of Receipts This Page** (optional)..... → \$ 379.93

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. KRISS COSMETICS, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 145 S. MAIN ST.		<b>Transaction ID : SB23.9336</b>
City MANCHESTER	State NH	
Zip Code 03102	Purpose of Disbursement MEDIA	Amount of Each Disbursement this Period \$ 100.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. KROC CENTER</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 424 WESTFIELD ST		<b>Transaction ID : SB23.9337</b>
City GREENVILLE	State SC	
Zip Code 29601	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period \$ 560.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. LACONIA LODGE OF ELKS NO. 876</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address PO BOX 676		<b>Transaction ID : SB23.9338</b>
City LACONIA	State NH	
Zip Code 03247-0676	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period \$ 200.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... → \$ 860.00

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. LIVE NATION</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 9348 CIVIC CENTER DRIVE		<b>Transaction ID : SB23.9341</b>
City BEVERLY HILLS	State CA	
Zip Code 90210	Purpose of Disbursement REGISTRATION FEE	Amount of Each Disbursement this Period 310.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. LOCKTON AFFINITY, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address PO BOX 879610		<b>Transaction ID : SB23.9342</b>
City KANSAS CITY	State MO	
Zip Code 64187-9610	Purpose of Disbursement INSURANCE	Amount of Each Disbursement this Period 14190.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. LOCKTON AFFINITY, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address PO BOX 879610		<b>Transaction ID : SB23.9343</b>
City KANSAS CITY	State MO	
Zip Code 64187-9610	Purpose of Disbursement INSURANCE	Amount of Each Disbursement this Period 1598.10
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 16098.10

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. LOWES</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 1000 LOWES BOULEVARD		<b>Transaction ID : SB23.9344</b>
City MOORESVILLE	State NC	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 10.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. LOWES</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2015
Mailing Address 1000 LOWES BOULEVARD		<b>Transaction ID : SB23.9345</b>
City MOORESVILLE	State NC	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 17.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. M ZO TEA</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 81A MAIN STREET		<b>Transaction ID : SB23.9346</b>
City LITTLETON	State NH	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 6.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 34.21

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. MACANDREWS &amp; FORBES GROUP, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 900 SEVENTH ST, NW SUITE 570		<b>Transaction ID : SB23.9347</b>
City WASHINGTON	State DC	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. MAPS.COM</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1000 LOWES BOULEVARD		<b>Transaction ID : SB23.9348</b>
City MOORESVILLE	State NC	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 255.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 10400 FERNWOOD ROAD		<b>Transaction ID : SB23.9350</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1780.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 2285.74

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. MASSACHUSETTS DEP'T OF REVENUE</b>		Date of Disbursement MM / DD / YYYY <b>07 / 03 / 2015</b>
Mailing Address <b>PO BOX 7010</b>		<b>Transaction ID : SB23.9352</b>
City <b>BOSTON</b>	State <b>MA</b>	
Zip Code <b>02204</b>	Purpose of Disbursement <b>PAYROLL TAXES</b>	Amount of Each Disbursement this Period <b>5.49</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. MASSACHUSETTS DEP'T OF REVENUE</b>		Date of Disbursement MM / DD / YYYY <b>07 / 20 / 2015</b>
Mailing Address <b>PO BOX 7010</b>		<b>Transaction ID : SB23.9353</b>
City <b>BOSTON</b>	State <b>MA</b>	
Zip Code <b>02204</b>	Purpose of Disbursement <b>PAYROLL TAXES</b>	Amount of Each Disbursement this Period <b>5.49</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. MASSACHUSETTS DEP'T OF REVENUE</b>		Date of Disbursement MM / DD / YYYY <b>08 / 05 / 2015</b>
Mailing Address <b>PO BOX 7010</b>		<b>Transaction ID : SB23.9354</b>
City <b>BOSTON</b>	State <b>MA</b>	
Zip Code <b>02204</b>	Purpose of Disbursement <b>PAYROLL TAXES</b>	Amount of Each Disbursement this Period <b>5.49</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... **16.47**

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. MASSACHUSETTS DEP'T OF REVENUE**

Mailing Address PO BOX 7010

City BOSTON State MA Zip Code 02204

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2015

Transaction ID : SB23.9355

Amount of Each Disbursement this Period

5.49
------

Full Name (Last, First, Middle Initial)

**B. MASSACHUSETTS DEP'T OF REVENUE**

Mailing Address PO BOX 7010

City BOSTON State MA Zip Code 02204

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

Transaction ID : SB23.9356

Amount of Each Disbursement this Period

5.49
------

Full Name (Last, First, Middle Initial)

**C. MASSACHUSETTS DEP'T OF REVENUE**

Mailing Address PO BOX 7010

City BOSTON State MA Zip Code 02204

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2015

Transaction ID : SB23.9357

Amount of Each Disbursement this Period

70.89
-------

Subtotal Of Receipts This Page (optional)..... 

81.87
-------

Total This Period (last page this line number only)..... 

--





# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

## A. MINNESOTA DEPARTMENT OF REVENUE

Mailing Address 600 NORTH ROBERT STREET

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	5

City ST. PAUL State MN Zip Code 55101

Transaction ID : SB23.9379

Purpose of Disbursement  
PAYROLL TAXES

Amount of Each Disbursement this Period

1	6	.	3	8
---	---	---	---	---

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

## B. MINNESOTA DEPARTMENT OF REVENUE

Mailing Address 600 NORTH ROBERT STREET

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

City ST. PAUL State MN Zip Code 55101

Transaction ID : SB23.9380

Purpose of Disbursement  
PAYROLL TAXES

Amount of Each Disbursement this Period

1	6	.	3	8
---	---	---	---	---

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

## C. MINNESOTA DEPARTMENT OF REVENUE

Mailing Address 600 NORTH ROBERT STREET

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	5

City ST. PAUL State MN Zip Code 55101

Transaction ID : SB23.9381

Purpose of Disbursement  
PAYROLL TAXES

Amount of Each Disbursement this Period

1	6	.	3	8
---	---	---	---	---

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Subtotal Of Receipts This Page (optional)..... 49.14

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

## A. MINNESOTA DEPARTMENT OF REVENUE

Mailing Address 600 NORTH ROBERT STREET

City ST. PAUL State MN Zip Code 55101

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	5

Transaction ID : SB23.9382

Amount of Each Disbursement this Period

1	6	.	3	8
---	---	---	---	---

Full Name (Last, First, Middle Initial)

## B. MINNESOTA DEPARTMENT OF REVENUE

Mailing Address 600 NORTH ROBERT STREET

City ST. PAUL State MN Zip Code 55101

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	5

Transaction ID : SB23.9383

Amount of Each Disbursement this Period

1	6	.	3	8
---	---	---	---	---

Full Name (Last, First, Middle Initial)

## C. MINNESOTA DEPARTMENT OF REVENUE

Mailing Address 600 NORTH ROBERT STREET

City ST. PAUL State MN Zip Code 55101

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	5

Transaction ID : SB23.9384

Amount of Each Disbursement this Period

1	6	.	3	8
---	---	---	---	---

Subtotal Of Receipts This Page (optional)..... 

49.14
-------

Total This Period (last page this line number only)..... 

--

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. MUSIC FACTORY INC/MFI PRODUCTIONS</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 114 LONDONDERRY TURNPIKE		<b>Transaction ID : SB23.9385</b>
City HOOKSETT	State NH	
Zip Code 03106	Purpose of Disbursement MEDIA	Amount of Each Disbursement this Period 30.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. MUSIC FACTORY INC/MFI PRODUCTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 114 LONDONDERRY TURNPIKE		<b>Transaction ID : SB23.9386</b>
City HOOKSETT	State NH	
Zip Code 03106	Purpose of Disbursement EQUIPMENT RENTAL	Amount of Each Disbursement this Period 405.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. MUSIC FACTORY INC/MFI PRODUCTIONS</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 114 LONDONDERRY TURNPIKE		<b>Transaction ID : SB23.9387</b>
City HOOKSETT	State NH	
Zip Code 03106	Purpose of Disbursement EQUIPMENT RENTAL	Amount of Each Disbursement this Period 30.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... → 465.00

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 805 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. NELSON, MULLINS, RILEY & SCARBOROUGH LLP**

Mailing Address 104 S. MAIN ST, SUITE 900

City GREENVILLE State SC Zip Code 29601

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	5

Transaction ID : SB23.9388

Amount of Each Disbursement this Period

1	1	2	5	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. NELSON, MULLINS, RILEY & SCARBOROUGH LLP**

Mailing Address 104 S. MAIN ST, SUITE 900

City GREENVILLE State SC Zip Code 29601

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	5

Transaction ID : SB23.9389

Amount of Each Disbursement this Period

8	3	1	5	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. NEW HAMPSHIRE DEPARTMENT OF STATE**

Mailing Address CORPORATION DIVISION

City CONCORD State NH Zip Code 03301-4989

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

Transaction ID : SB23.9390

Amount of Each Disbursement this Period

2	5	0	0
---	---	---	---

Subtotal Of Receipts This Page (optional)..... 969.05

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. NEW YORK TAXI</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 33 BEAVER STREET		<b>Transaction ID : SB23.9391</b>
City NEW YORK	State NY	
Zip Code 10004	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 53.21
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. NORTH CAROLINA DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address P.O. BOX 25000		<b>Transaction ID : SB23.9398</b>
City RALEIGH	State NC	
Zip Code 27640-0640	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 71.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. NORTH CAROLINA DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address P.O. BOX 25000		<b>Transaction ID : SB23.9399</b>
City RALEIGH	State NC	
Zip Code 27640-0640	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 71.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 195.21

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. NORTH CAROLINA DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address P.O. BOX 25000		<b>Transaction ID : SB23.9400</b>
City RALEIGH	State NC	
Zip Code 27640-0640	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 71.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. NORTH CAROLINA DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address P.O. BOX 25000		<b>Transaction ID : SB23.9401</b>
City RALEIGH	State NC	
Zip Code 27640-0640	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 71.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. NORTH CAROLINA DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address P.O. BOX 25000		<b>Transaction ID : SB23.9402</b>
City RALEIGH	State NC	
Zip Code 27640-0640	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 71.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 213.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 808 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. NORTH CAROLINA DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address P.O. BOX 25000		<b>Transaction ID : SB23.9403</b>
City RALEIGH	State NC	
Zip Code 27640-0640	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 71.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. NORTHSTAR CAMPAIGN SYSTEMS, INC</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 11421 DAVENPORT ST		<b>Transaction ID : SB23.9404</b>
City OMAHA	State NE	
Zip Code 68154	Purpose of Disbursement TELEPHONE SERVICE	Amount of Each Disbursement this Period 2844.04
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. NOVUS PUBLIC AFFAIRS, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address PO BOX 4187		<b>Transaction ID : SB23.9405</b>
City PORTSMOUTH	State NH	
Zip Code 03801	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Amount of Each Disbursement this Period 10000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 12915.04

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 809 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. NOVUS PUBLIC AFFAIRS, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address PO BOX 4187		<b>Transaction ID : SB23.9406</b>
City PORTSMOUTH	State NH	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period 5000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. NOVUS PUBLIC AFFAIRS, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address PO BOX 4187		<b>Transaction ID : SB23.9407</b>
City PORTSMOUTH	State NH	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL		Amount of Each Disbursement this Period 21544.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. NY DEPT OF TAXATION &amp; FINANCE</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address PO BOX 15555		<b>Transaction ID : SB23.9408</b>
City ALBANY	State NY	
Purpose of Disbursement PAYROLL TAXES		Amount of Each Disbursement this Period 61.94
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 26606.54

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. NY DEPT OF TAXATION &amp; FINANCE</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address PO BOX 15555		Transaction ID : <b>SB23.9412</b>
City ALBANY	State NY	
Zip Code 12212-5555	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 61.94
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. O'DONNELL AND ASSOCIATES, LTD</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 3101 N. HAMPTON DRIVE #1517		Transaction ID : <b>SB23.9414</b>
City ALEXANDRIA	State VA	
Zip Code 22302	Purpose of Disbursement RESEARCH CONSULTING	Amount of Each Disbursement this Period 12817.56
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. O'DONNELL AND ASSOCIATES, LTD</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 3101 N. HAMPTON DRIVE #1517		Transaction ID : <b>SB23.9415</b>
City ALEXANDRIA	State VA	
Zip Code 22302	Purpose of Disbursement RESEARCH CONSULTING	Amount of Each Disbursement this Period 10980.98
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... **23860.48**

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. O'DONNELL AND ASSOCIATES, LTD</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 3101 N. HAMPTON DRIVE #1517		<b>Transaction ID : SB23.9416</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement RESEARCH CONSULTING	Candidate Name	Amount of Each Disbursement this Period 12117.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. OCTAGON SOLUTIONS, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address PO BOX 1571		<b>Transaction ID : SB23.9413</b>
City COLUMBIA	State SC	
Purpose of Disbursement PRINTING	Candidate Name	Amount of Each Disbursement this Period 3408.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 421 BUSH RIVER ROAD		<b>Transaction ID : SB23.9417</b>
City COLUMBIA	State SC	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 77.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 15603.40

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. OFFICE DEPOT</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 421 BUSH RIVER ROAD		<b>Transaction ID : SB23.9418</b>
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 34.98	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OFFICE DEPOT</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 421 BUSH RIVER ROAD		<b>Transaction ID : SB23.9419</b>
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 59.39	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 421 BUSH RIVER ROAD		<b>Transaction ID : SB23.9420</b>
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 46.42	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 140.79

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. OFFICE OF THE CLERK**

Mailing Address **STATE CORPORATION COMMISSION**

City **RICHMOND** State **VA** Zip Code **23218-1197**

Purpose of Disbursement  
**REGISTRATION FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

**Transaction ID : SB23.9421**

Amount of Each Disbursement this Period

7	5	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. OREGON DEPARTMENT OF REVENUE**

Mailing Address **955 CENTER STREET NE**

City **SALEM** State **OR** Zip Code **97301**

Purpose of Disbursement  
**PAYROLL TAXES**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	5

**Transaction ID : SB23.9422**

Amount of Each Disbursement this Period

1	1	.	5	8
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. OREGON DEPARTMENT OF REVENUE**

Mailing Address **955 CENTER STREET NE**

City **SALEM** State **OR** Zip Code **97301**

Purpose of Disbursement  
**PAYROLL TAXES**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

**Transaction ID : SB23.9423**

Amount of Each Disbursement this Period

1	1	.	5	8
---	---	---	---	---

**Subtotal Of Receipts This Page** (optional)..... 

305.96
--------

**Total This Period** (last page this line number only)..... 

--

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. OREGON DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 955 CENTER STREET NE		<b>Transaction ID : SB23.9424</b>
City SALEM State OR Zip Code 97301	Amount of Each Disbursement this Period 116.91	
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OREGON DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 955 CENTER STREET NE		<b>Transaction ID : SB23.9425</b>
City SALEM State OR Zip Code 97301	Amount of Each Disbursement this Period 115.48	
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. OREGON DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 955 CENTER STREET NE		<b>Transaction ID : SB23.9426</b>
City SALEM State OR Zip Code 97301	Amount of Each Disbursement this Period 116.91	
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 349.30

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. OREGON DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 955 CENTER STREET NE		<b>Transaction ID : SB23.9427</b>
City SALEM State OR Zip Code 97301	Amount of Each Disbursement this Period 116.91	
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PALMETTO PAYROLL SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address PO BOX 6156		<b>Transaction ID : SB23.9428</b>
City COLUMBIA State SC Zip Code 29260	Amount of Each Disbursement this Period 47.00	
Purpose of Disbursement PAYROLL SERVICES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PALMETTO SOUND WORKS, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 215 NORTHEAST DR		<b>Transaction ID : SB23.9429</b>
City SPARTANBURG State SC Zip Code 29303-6617	Amount of Each Disbursement this Period 974.70	
Purpose of Disbursement EQUIPMENT RENTAL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1138.61

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. PICCOLA ITALIA</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 815 ELM STREET		<b>Transaction ID : SB23.9443</b>
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 6141.12
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PICKENS COUNTY</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address ATTN: ACCOUNTS RECEIVABLE		<b>Transaction ID : SB23.9444</b>
City PICKENS	State SC	
Zip Code 29671	Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT	Amount of Each Disbursement this Period 900.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PRIME SIGNS</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 925 UNIVERSITY AVE #B		<b>Transaction ID : SB23.9445</b>
City SACRAMENTO	State CA	
Zip Code 95825	Purpose of Disbursement COLLATERAL MATERIALS- SIGNS	Amount of Each Disbursement this Period 5101.76
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 6141.12

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 818 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. PRIME SIGNS**

Mailing Address 925 UNIVERSITY AVE #B

City State Zip Code  
SACRAMENTO CA 95825

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Transaction ID : SB23.9446

Amount of Each Disbursement this Period

999,999.99	367.50
------------	--------

Full Name (Last, First, Middle Initial)

**B. PRIME SIGNS**

Mailing Address 925 UNIVERSITY AVE #B

City State Zip Code  
SACRAMENTO CA 95825

Purpose of Disbursement  
COLLATERAL MATERIALS- SIGNS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2015

Transaction ID : SB23.9447

Amount of Each Disbursement this Period

999,999.99	6237.25
------------	---------

Full Name (Last, First, Middle Initial)

**C. PRIME SIGNS**

Mailing Address 925 UNIVERSITY AVE #B

City State Zip Code  
SACRAMENTO CA 95825

Purpose of Disbursement  
COLLATERAL MATERIALS- SIGNS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2015

Transaction ID : SB23.9448

Amount of Each Disbursement this Period

999,999.99	3311.95
------------	---------

Subtotal Of Receipts This Page (optional)..... 9916.70

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 819 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. QUEEN CITY CLUB</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 331 EAST FOURTH STREET		<b>Transaction ID : SB23.9449</b>
City CINCINNATI	State OH	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 1017.43
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. QUICKBOOKS</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 2632 MARINE WAY		<b>Transaction ID : SB23.9450</b>
City MOUNTAIN VIEW	State CA	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 192.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. QUICKBOOKS</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 2632 MARINE WAY		<b>Transaction ID : SB23.9451</b>
City MOUNTAIN VIEW	State CA	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 10.27
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 1220.17

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 820 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. QUICKBOOKS</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 2632 MARINE WAY		<b>Transaction ID : SB23.9452</b>
City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 929.83	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. QUICKBOOKS</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 2632 MARINE WAY		<b>Transaction ID : SB23.9453</b>
City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 192.47	
Purpose of Disbursement SUBSCRIPTION	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. QUICKBOOKS</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 2632 MARINE WAY		<b>Transaction ID : SB23.9454</b>
City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 192.47	
Purpose of Disbursement SUBSCRIPTION	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 1314.77

Total This Period (last page this line number only).....

**SCHEDULE B-P**  
**ITEMIZED DISBURSEMENTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 821 / 862

 23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. QUICKBOOKS**

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW      State CA      Zip Code 94043

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

 Office Sought:     House  
                            Senate  
                            President

 Disbursement For:  
 Primary     General  
 Other (specify) ▼

State:      District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

**Transaction ID : SB23.9455**

Amount of Each Disbursement this Period

1	9	2	.	4	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. RENAISSANCE HOTELS**

Mailing Address 10400 FERNWOOD ROAD

City BETHESDA      State MD      Zip Code 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

 Office Sought:     House  
                            Senate  
                            President

 Disbursement For:  
 Primary     General  
 Other (specify) ▼

State:      District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

**Transaction ID : SB23.9463**

Amount of Each Disbursement this Period

6	8	5	.	5	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. RENAISSANCE HOTELS**

Mailing Address 10400 FERNWOOD ROAD

City BETHESDA      State MD      Zip Code 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

 Office Sought:     House  
                            Senate  
                            President

 Disbursement For:  
 Primary     General  
 Other (specify) ▼

State:      District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

**Transaction ID : SB23.9464**

Amount of Each Disbursement this Period

7	3	1	.	5	5
---	---	---	---	---	---

**Subtotal Of Receipts This Page** (optional)..... → 

1	6	0	9	.	5	7
---	---	---	---	---	---	---

**Total This Period** (last page this line number only)..... → 

--	--	--	--	--	--	--

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. REPUBLIC</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 1069 ELM STREET		<b>Transaction ID : SB23.9465</b>
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 131.82
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. RICHARD QUINN &amp; ASSOCIATES</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address PO BOX 12526		<b>Transaction ID : SB23.9466</b>
City COLUMBIA	State SC	
Zip Code 29211	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Amount of Each Disbursement this Period 15000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. RICHARD QUINN &amp; ASSOCIATES</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address PO BOX 12526		<b>Transaction ID : SB23.9467</b>
City COLUMBIA	State SC	
Zip Code 29211	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Amount of Each Disbursement this Period 12500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 27631.82

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. RICHARD QUINN &amp; ASSOCIATES</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address PO BOX 12526		<b>Transaction ID : SB23.9468</b>
City COLUMBIA	State SC	
Purpose of Disbursement PRINTING	Candidate Name	Amount of Each Disbursement this Period 1038.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. RICHARD QUINN &amp; ASSOCIATES</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address PO BOX 12526		<b>Transaction ID : SB23.9469</b>
City COLUMBIA	State SC	
Purpose of Disbursement RESEARCH CONSULTING	Candidate Name	Amount of Each Disbursement this Period 8600.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. RICHARD QUINN &amp; ASSOCIATES</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address PO BOX 12526		<b>Transaction ID : SB23.9470</b>
City COLUMBIA	State SC	
Purpose of Disbursement RESEARCH CONSULTING	Candidate Name	Amount of Each Disbursement this Period 15000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 24638.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. RICHLAND COUNTY SHERIFF'S OFFICE</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 5623 TWO NOTCH ROAD		<b>Transaction ID : SB23.9471</b>
City COLUMBIA State SC Zip Code 29223	Amount of Each Disbursement this Period 160.00	
Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RIGHTSIDE COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address PO BOX 341027		<b>Transaction ID : SB23.9472</b>
City AUSTIN State TX Zip Code 78734	Amount of Each Disbursement this Period 10000.00	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RIGHTSIDE COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address PO BOX 341027		<b>Transaction ID : SB23.9473</b>
City AUSTIN State TX Zip Code 78734	Amount of Each Disbursement this Period 20000.00	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 30160.00

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 825 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. RIGHTSIDE COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address PO BOX 341027		<b>Transaction ID : SB23.9474</b>
City AUSTIN	State TX	
Zip Code 78734	Purpose of Disbursement COMPLIANCE CONSULTING	Amount of Each Disbursement this Period 10000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. RIVER HOUSE RESTAURANT</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 53 BOW STREET		<b>Transaction ID : SB23.9475</b>
City PORTSMOUTH	State NH	
Zip Code 03801	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 169.05
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. SAM'S CLUB</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2015
Mailing Address SE 25TH ST		<b>Transaction ID : SB23.9483</b>
City BENTONVILLE	State AR	
Zip Code 72712	Purpose of Disbursement OFFICE SUPPLIES	Amount of Each Disbursement this Period 109.92
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 10278.97

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SCE&amp;G</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address PO BOX 100255		<b>Transaction ID : SB23.9484</b>
City COLUMBIA	State SC	
Zip Code 29202-3255	Purpose of Disbursement UTILITIES	Amount of Each Disbursement this Period 375.76
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. SCOTT HOWELL &amp; COMPANY</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address ATTN: ACCOUNTING		<b>Transaction ID : SB23.9492</b>
City DALLAS	State TX	
Zip Code 75226	Purpose of Disbursement MEDIA	Amount of Each Disbursement this Period 3361.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. SHANTEL THE MAKE-UP ARTIST, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 2B OLD SALUDA DAM ROAD		<b>Transaction ID : SB23.9493</b>
City GREENVILLE	State SC	
Zip Code 29611	Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT	Amount of Each Disbursement this Period 175.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... **3911.76**

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 827 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SHEA SOCHA</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 1642 ENOREE AVE. UNIT D		<b>Transaction ID : SB23.9494</b>
City COLUMBIA State SC Zip Code 29205	Amount of Each Disbursement this Period 90.36	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SNOW PHOTOGRAPHY</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 930 M ST. NW, SUITE 1014		<b>Transaction ID : SB23.9495</b>
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 8109.00	
Purpose of Disbursement MEDIA	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. SOBYS ON THE SIDE</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 22 E COURT ST		<b>Transaction ID : SB23.9496</b>
City GREENVILLE State SC Zip Code 29601	Amount of Each Disbursement this Period 179.70	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

**Subtotal Of Receipts This Page** (optional)..... 8379.06

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SONITROL SECURITY SYSTEMS OF THE MIDLANDS</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 1545 BURNETTE DRIVE		<b>Transaction ID : SB23.9497</b>
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 90.00	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SOUTH BAY SCENIC</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 340 VIA LARGO		<b>Transaction ID : SB23.9498</b>
City MORGAN HILL State CA Zip Code 95037	Amount of Each Disbursement this Period 6000.00	
Purpose of Disbursement EQUIPMENT RENTAL/STAGING	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SOUTH BAY SCENIC</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 340 VIA LARGO		<b>Transaction ID : SB23.9499</b>
City MORGAN HILL State CA Zip Code 95037	Amount of Each Disbursement this Period 5504.62	
Purpose of Disbursement EQUIPMENT RENTAL/STAGING	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 11594.62

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 829 / 862

23    24    25    26    27a  
 27b    28a    28b    28c    29

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)  
**LINDSEY GRAHAM 2016**

**A. SOUTH CAROLINA DEPARTMENT OF REVENUE**

Full Name (Last, First, Middle Initial)

Mailing Address 300A OUTLET POINTE BOULEVARD

City COLUMBIA State SC Zip Code 29210

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 09 / 17 / 2015

Transaction ID : SB23.9500

Amount of Each Disbursement this Period 1084.63

Category/Type

**B. SOUTH CAROLINA DEPARTMENT OF REVENUE**

Full Name (Last, First, Middle Initial)

Mailing Address 300A OUTLET POINTE BOULEVARD

City COLUMBIA State SC Zip Code 29210

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 03 / 2015

Transaction ID : SB23.9501

Amount of Each Disbursement this Period 847.83

Category/Type

**C. SOUTH CAROLINA DEPARTMENT OF REVENUE**

Full Name (Last, First, Middle Initial)

Mailing Address 300A OUTLET POINTE BOULEVARD

City COLUMBIA State SC Zip Code 29210

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 20 / 2015

Transaction ID : SB23.9502

Amount of Each Disbursement this Period 949.16

Category/Type

Subtotal Of Receipts This Page (optional)..... 2881.62

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 830 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SOUTH CAROLINA DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 300A OUTLET POINTE BOULEVARD		<b>Transaction ID : SB23.9503</b>
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 1110.82	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SOUTH CAROLINA DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 300A OUTLET POINTE BOULEVARD		<b>Transaction ID : SB23.9504</b>
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 1072.70	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SOUTH CAROLINA DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 300A OUTLET POINTE BOULEVARD		<b>Transaction ID : SB23.9505</b>
City COLUMBIA State SC Zip Code 29210	Amount of Each Disbursement this Period 1063.63	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 3247.15

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SOUTH CAROLINA REPUBLICAN PARTY</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 1913 MARION ST		Transaction ID : <b>SB23.9506</b>
City COLUMBIA State SC Zip Code 29201	Amount of Each Disbursement this Period 40000.00	
Purpose of Disbursement FILING FEE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST PUBLISHING</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 4000 SE ADAMS STREET		Transaction ID : <b>SB23.9507</b>
City TOPEKA State KS Zip Code 66609	Amount of Each Disbursement this Period 18259.59	
Purpose of Disbursement POSTAGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. SOUTHWEST PUBLISHING</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 4000 SE ADAMS STREET		Transaction ID : <b>SB23.9508</b>
City TOPEKA State KS Zip Code 66609	Amount of Each Disbursement this Period 4762.44	
Purpose of Disbursement POSTAGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 63022.03

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SOUTHWEST PUBLISHING</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 4000 SE ADAMS STREET		<b>Transaction ID : SB23.9509</b>
City TOPEKA State KS Zip Code 66609	Amount of Each Disbursement this Period 2312.53	
Purpose of Disbursement PRINTING	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST PUBLISHING</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 4000 SE ADAMS STREET		<b>Transaction ID : SB23.9510</b>
City TOPEKA State KS Zip Code 66609	Amount of Each Disbursement this Period 10931.42	
Purpose of Disbursement PRINTING/POSTAGE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ST. GEORGE GREEK ORTHODOX CATHEDRAL</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 650 HANOVER STREET		<b>Transaction ID : SB23.9511</b>
City MANCHESTER State NH Zip Code 03104	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement MEDIA	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 13543.95

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 500 STAPLES DRIVE		<b>Transaction ID : SB23.9512</b>
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period \$ 129.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 500 STAPLES DRIVE		<b>Transaction ID : SB23.9513</b>
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period \$ 267.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 500 STAPLES DRIVE		<b>Transaction ID : SB23.9514</b>
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period \$ 49.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

**Subtotal Of Receipts This Page** (optional)..... **446.32**

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 500 STAPLES DRIVE		<b>Transaction ID : SB23.9515</b>
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 659.39
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 500 STAPLES DRIVE		<b>Transaction ID : SB23.9516</b>
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 77.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 500 STAPLES DRIVE		<b>Transaction ID : SB23.9517</b>
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 55.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:	Category/ Type	

**Subtotal Of Receipts This Page** (optional)..... 659.39

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 500 STAPLES DRIVE

City State Zip Code  
FRAMINGHAM MA 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : SB23.9518

Amount of Each Disbursement this Period

237.42

Full Name (Last, First, Middle Initial)

**B. STARBUCKS**

Mailing Address 2401 UTAH AVE S

City State Zip Code  
SEATTLE WA 98134

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2015

Transaction ID : SB23.9519

Amount of Each Disbursement this Period

7.85

Full Name (Last, First, Middle Initial)

**C. STARBUCKS**

Mailing Address 2401 UTAH AVE S

City State Zip Code  
SEATTLE WA 98134

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2015

Transaction ID : SB23.9520

Amount of Each Disbursement this Period

6.40

Subtotal Of Receipts This Page (optional)..... 251.67

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 836 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. STARBUCKS</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 2401 UTAH AVE S		<b>Transaction ID : SB23.9521</b>
City SEATTLE	State WA	
Zip Code 98134	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 6.29
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. SUBWAY</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 7601 LEWINSVILLE Rd #310,		<b>Transaction ID : SB23.9531</b>
City MCLEAN	State VA	
Zip Code 02210	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 12.21
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. SUNNY'S WORLDWIDE</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		<b>Transaction ID : SB23.9532</b>
City STERLING	State VA	
Zip Code 20166	Purpose of Disbursement TRANSPORTATION SERVICE	Amount of Each Disbursement this Period 196.11
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 214.61

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 837 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. TABLE 301**

Mailing Address 207 SOUTH MAIN STREET

City GREENVILLE State SC Zip Code 29601

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2015

Transaction ID : SB23.9540

Amount of Each Disbursement this Period

6388.14
---------

Full Name (Last, First, Middle Initial)

**B. TALIENT ACTION GROUP**

Mailing Address 105 FALTIN DR

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2015

Transaction ID : SB23.9541

Amount of Each Disbursement this Period

1165.95
---------

Full Name (Last, First, Middle Initial)

**C. TALIENT ACTION GROUP**

Mailing Address 105 FALTIN DR

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2015

Transaction ID : SB23.9542

Amount of Each Disbursement this Period

4392.99
---------

Subtotal Of Receipts This Page (optional)..... 6388.14

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. TALIENT ACTION GROUP</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 105 FALTIN DR		<b>Transaction ID : SB23.9543</b>
City MANCHESTER	State NH	
Purpose of Disbursement PRINTING/POSTAGE	Candidate Name	Amount of Each Disbursement this Period 2256.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. TALIENT ACTION GROUP</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 105 FALTIN DR		<b>Transaction ID : SB23.9544</b>
City MANCHESTER	State NH	
Purpose of Disbursement PRINTING/POSTAGE	Candidate Name	Amount of Each Disbursement this Period 4400.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. TALIENT ACTION GROUP</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 105 FALTIN DR		<b>Transaction ID : SB23.9545</b>
City MANCHESTER	State NH	
Purpose of Disbursement PRINTING/POSTAGE	Candidate Name	Amount of Each Disbursement this Period 7465.26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 14121.33

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 839 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. TALIENT ACTION GROUP</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 105 FALTIN DR		<b>Transaction ID : SB23.9546</b>
City MANCHESTER	State NH	
Purpose of Disbursement PRINTING/POSTAGE	Candidate Name	Amount of Each Disbursement this Period 30657.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. TARGET</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 1000 NICOLLET MALL		<b>Transaction ID : SB23.9547</b>
City MINNEAPOLIS	State MN	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 36.98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. TARGET</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 1000 NICOLLET MALL		<b>Transaction ID : SB23.9548</b>
City MINNEAPOLIS	State MN	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 18.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 30713.37

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 840 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. TERESA'S</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 51 WEST 51ST STREET		<b>Transaction ID : SB23.9549</b>
City NEW YORK	State NY	
Zip Code 10019	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 2.72
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. THAI HOUSE RESTAURANT</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 65 LACONIA ROAD		<b>Transaction ID : SB23.9550</b>
City TILTON	State NH	
Zip Code 03276	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 111.61
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. THE CHICAGO CLUB</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 81 E VAN BUREN ST		<b>Transaction ID : SB23.9551</b>
City CHICAGO	State IL	
Zip Code 60605	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 1330.01
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1444.34

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. THE DAILY CATCH</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 323 HANOVER STREET		<b>Transaction ID : SB23.9552</b>
City BOSTON	State MA	
Zip Code 02113	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 138.49
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. THE FINE ART PHOTOGRAPHER</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1341 S. EDISON WAY		<b>Transaction ID : SB23.9553</b>
City DENVER	State CO	
Zip Code 80222	Purpose of Disbursement PHOTOGRAPHY SERVICE	Amount of Each Disbursement this Period 340.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. THE HALLISEY GROUP</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 38 EAST 85TH STREET		<b>Transaction ID : SB23.9554</b>
City NEW YORK	State NY	
Zip Code 10028	Purpose of Disbursement FUNDRAISING	Amount of Each Disbursement this Period 12200.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 12678.49

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. THE HALLISEY GROUP</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 38 EAST 85TH STREET		<b>Transaction ID : SB23.9555</b>
City NEW YORK	State NY	
Zip Code 10028	Purpose of Disbursement FINANCE CONSULTING	Amount of Each Disbursement this Period 12200.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. THE HALLISEY GROUP</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 38 EAST 85TH STREET		<b>Transaction ID : SB23.9556</b>
City NEW YORK	State NY	
Zip Code 10028	Purpose of Disbursement FINANCE CONSULTING	Amount of Each Disbursement this Period 12200.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. THE SANCTUARY AT KIAWAH ISLAND</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address ONE SANCTUARY BEACH DRIVE		<b>Transaction ID : SB23.9557</b>
City KIAWAH ISLAND	State SC	
Zip Code 29455	Purpose of Disbursement FACILITY RENTAL/CATERING/TRAVEL	Amount of Each Disbursement this Period 48986.66
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... → 73386.66

Total This Period (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. THE TRAILBLAZER GROUP</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 901 KING STREET		<b>Transaction ID : SB23.9558</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 19964.53	
Purpose of Disbursement CAMPAIGN MANAGEMENT CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE TRAILBLAZER GROUP</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 901 KING STREET		<b>Transaction ID : SB23.9559</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 12964.53	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE TRAILBLAZER GROUP</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 901 KING STREET		<b>Transaction ID : SB23.9560</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 23450.00	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 56379.06

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 844 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. THE TRAILBLAZER GROUP</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 901 KING STREET		<b>Transaction ID : SB23.9561</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 19807.41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. THE UPS STORE</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 6060 CORNERSTONE COURT WEST		<b>Transaction ID : SB23.9562</b>
City SAN DIEGO	State CA	
Purpose of Disbursement DELIVERY	Candidate Name	Amount of Each Disbursement this Period 71.14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. THROTTLE POST, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 3900 WILLOW STREET #200		<b>Transaction ID : SB23.9563</b>
City DALLAS	State TX	
Purpose of Disbursement MEDIA	Candidate Name	Amount of Each Disbursement this Period 35377.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 55255.64

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 845 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. THROTTLE POST, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 3900 WILLOW STREET #200		<b>Transaction ID : SB23.9564</b>
City DALLAS State TX Zip Code 75226	Amount of Each Disbursement this Period 6941.25	
Purpose of Disbursement MEDIA	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THROTTLE POST, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 3900 WILLOW STREET #200		<b>Transaction ID : SB23.9565</b>
City DALLAS State TX Zip Code 75226	Amount of Each Disbursement this Period 15917.28	
Purpose of Disbursement MEDIA	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TILLOTSON CENTER FOR THE ARTS</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address C/O ANNE SULLIVAN		<b>Transaction ID : SB23.9566</b>
City COLEBROOK State NH Zip Code 03576	Amount of Each Disbursement this Period 75.00	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 22933.53

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 846 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. TIME WARNER CABLE</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address PO BOX 77169		Transaction ID : <b>SB23.9567</b>
City CHARLOTTE	State NC	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 859.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. TIME WARNER CABLE</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address PO BOX 77169		Transaction ID : <b>SB23.9568</b>
City CHARLOTTE	State NC	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 433.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. TOO CATERERS</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 918 INDUSTRIAL AVENUE		Transaction ID : <b>SB23.9569</b>
City PALO ALTO	State CA	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 4280.98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 5573.60

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. TOWN OF CENTRAL</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address PO BOX 549		<b>Transaction ID : SB23.9570</b>
City CENTRAL	State SC	
Purpose of Disbursement TRANSPORTATION SERVICES	Category/ Type	Amount of Each Disbursement this Period 1024.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. TPM COLUMBIA</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 1241 ASSEMBLY STREET		<b>Transaction ID : SB23.9571</b>
City COLUMBIA	State SC	
Purpose of Disbursement FOOD/BEVERAGE	Category/ Type	Amount of Each Disbursement this Period 17.28
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23.9587</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Category/ Type	Amount of Each Disbursement this Period 27.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 1068.28

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23.9588</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period \$ 576.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9589</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period \$ 7.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9590</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period \$ 24.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... **608.11**

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 849 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9591</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 98.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9592</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 51.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9593</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 189.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 189.70

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9594</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 289.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9595</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 4.54
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9596</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 22.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 315.54

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : <b>SB23.9597</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 11.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : <b>SB23.9598</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 1.64
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 8409 LEE HIGHWAY		Transaction ID : <b>SB23.9599</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 41.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... **54.00**

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9600</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 1.42
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9601</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 1.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9602</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 3.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 5.96

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 853 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9603</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 3.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9604</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 56.52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9605</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 4.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 64.80

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9606</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 2.54
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9607</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 27.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9608</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 1053.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 1083.88

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 855 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9609</b>
City MERRIFIELD	State VA	
Zip Code 22116	Purpose of Disbursement POSTAGE	Amount of Each Disbursement this Period 16.75
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9610</b>
City MERRIFIELD	State VA	
Zip Code 22116	Purpose of Disbursement POSTAGE	Amount of Each Disbursement this Period 15.04
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9611</b>
City MERRIFIELD	State VA	
Zip Code 22116	Purpose of Disbursement POSTAGE	Amount of Each Disbursement this Period 4.16
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... → 35.95

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB23.9612</b>
City MERRIFIELD	State VA	
Purpose of Disbursement DELIVERY	Candidate Name	Amount of Each Disbursement this Period 11.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. VECTRA VISUAL</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 3950 BUSINESS PARK DRIVE		<b>Transaction ID : SB23.9613</b>
City COLUMBUS	State OH	
Purpose of Disbursement COLLATERAL MATERIALS- SIGNS	Candidate Name	Amount of Each Disbursement this Period 505.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address PO BOX 660108		<b>Transaction ID : SB23.9614</b>
City DALLAS	State TX	
Purpose of Disbursement TELEPHONE SERVICE	Candidate Name	Amount of Each Disbursement this Period 344.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 860.85

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 857 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address PO BOX 660108		<b>Transaction ID : SB23.9615</b>
City DALLAS	State TX	
Purpose of Disbursement TELEPHONE SERVICE		Amount of Each Disbursement this Period 823.84
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. VFW POST 4368</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address PO BOX 71		<b>Transaction ID : SB23.9616</b>
City MILFORD	State NH	
Purpose of Disbursement EVENT REGISTRATION FEE		Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. VIRGINIA DEPARTMENT OF TAXATION</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address P.O. BOX 1115		<b>Transaction ID : SB23.9617</b>
City RICHMOND	State VA	
Purpose of Disbursement PAYROLL TAXES		Amount of Each Disbursement this Period 1461.46
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 3285.30

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 858 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. VIRGINIA DEPARTMENT OF TAXATION**

Mailing Address P.O. BOX 1115

City RICHMOND State VA Zip Code 23218-1115

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2015

Transaction ID : SB23.9618

Amount of Each Disbursement this Period

1457.27
---------

Full Name (Last, First, Middle Initial)

**B. VIRGINIA DEPARTMENT OF TAXATION**

Mailing Address P.O. BOX 1115

City RICHMOND State VA Zip Code 23218-1115

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2015

Transaction ID : SB23.9619

Amount of Each Disbursement this Period

1450.06
---------

Full Name (Last, First, Middle Initial)

**C. VIRGINIA DEPARTMENT OF TAXATION**

Mailing Address P.O. BOX 1115

City RICHMOND State VA Zip Code 23218-1115

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2015

Transaction ID : SB23.9620

Amount of Each Disbursement this Period

1450.06
---------

Subtotal Of Receipts This Page (optional)..... 

4357.39
---------

Total This Period (last page this line number only)..... 

--

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 859 / 862

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. VIRGINIA DEPARTMENT OF TAXATION</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address P.O. BOX 1115		<b>Transaction ID : SB23.9621</b>
City RICHMOND	State VA	
Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/>	Amount of Each Disbursement this Period 1450.06
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. VIRGINIA DEPARTMENT OF TAXATION</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address P.O. BOX 1115		<b>Transaction ID : SB23.9622</b>
City RICHMOND	State VA	
Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/>	Amount of Each Disbursement this Period 1461.46
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. WAL-MART</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address SE 25TH ST		<b>Transaction ID : SB23.9623</b>
City BENTONVILLE	State AR	
Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/>	Amount of Each Disbursement this Period 2.29
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 2913.81

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. WINKING LIZARD</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 811 HURON ROAD E		<b>Transaction ID : SB23.9633</b>
City CLEVELAND	State OH Zip Code 44115	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 114.83
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. YUMA SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 601 S. FREMONT AVENUE		<b>Transaction ID : SB23.9634</b>
City TAMPA	State FL Zip Code 33606	
Purpose of Disbursement EQUIPMENT PURCHASE	Candidate Name	Amount of Each Disbursement this Period 21253.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. YUMA SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 601 S. FREMONT AVENUE		<b>Transaction ID : SB23.9635</b>
City TAMPA	State FL Zip Code 33606	
Purpose of Disbursement EQUIPMENT PURCHASE	Candidate Name	Amount of Each Disbursement this Period 931.36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 22299.25

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. YUMA SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 601 S. FREMONT AVENUE		<b>Transaction ID : SB23.9636</b>
City TAMPA	State FL Zip Code 33606	
Purpose of Disbursement SOFTWARE LICENSE	Category/Type	Amount of Each Disbursement this Period 254.40
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. YUMA SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 601 S. FREMONT AVENUE		<b>Transaction ID : SB23.9637</b>
City TAMPA	State FL Zip Code 33606	
Purpose of Disbursement EQUIPMENT PURCHASE	Category/Type	Amount of Each Disbursement this Period 3179.38
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State Zip Code	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 3433.78

**Total This Period** (last page this line number only)..... 1979167.60

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CARLA EUDY</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 4200 MASSACHUSETTS AVE. NW, STE. 3		<b>Transaction ID : SB28.9121</b>
City WASHINGTON	State DC	
Zip Code 20016-4744	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2700.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JOHN LIKOVICH</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 1075 ARION PKWY		<b>Transaction ID : SB28.9122</b>
City SAN ANTONIO	State TX	
Zip Code 78216-2883	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2300.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State	
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 5000.00

Total This Period (last page this line number only)..... 5000.00