

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

Thomas Massie for Congress

ADDRESS (number and street)

PO Box 1444

Check if different than previously reported. (ACC)

Florence

KY

41022

2. **FEC IDENTIFICATION NUMBER**

C C00509729

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

KY

04

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

05

20

2014

in the State of

KY

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2014

through

04

30

2014

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

Type or Print Name of Treasurer Kevin Broghamer

Signature of Treasurer Kevin Broghamer

[Electronically Filed]

Date

05

08

2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Thomas Massie for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2155	503691.64
(b) Total Contribution Refunds (from Line 20(d))	0	1500
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2155	502191.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22984.9	344889.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	200	1776.27
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	22784.9	343113.17
8. Cash on Hand at Close of Reporting Period (from Line 27).....	231038.02	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	25000	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Thomas Massie for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0	244017.88
(ii) Unitemized.....	155	49146.23
(iii) TOTAL of contributions from individuals ▶	155	293164.11
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	2000	210527.53
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2155	503691.64
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	200	1776.27
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2355	505467.91

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22984.9	344889.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	55000
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	55000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	1500
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	1500
21. OTHER DISBURSEMENTS	5000	19250
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	27984.9	420639.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	256667.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2355
25. SUBTOTAL (add Line 23 and Line 24).....	259022.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	27984.9
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	231038.02

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

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

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

NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

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

Mailing Address 4001 N Rodney Parham Road

City Little Rock State AR Zip Code 72212-2459

FEC ID number of contributing federal political committee. **C** C00425975

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2014

Transaction ID : A-CF5994

Amount of Each Receipt this Period
 1000

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

Mailing Address 200 Civic Center Drive

City Columbus State OH Zip Code 43215-4138

FEC ID number of contributing federal political committee. **C** C00051979

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2014

Transaction ID : A-CF5995

Amount of Each Receipt this Period
 1000

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2000.00

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. CanDo Politics		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 20 W 11th Street Suite 200		Amount of Each Disbursement this Period 2500 Transaction ID : B-E-5956
City Covington State KY Zip Code 41011-4112	Purpose of Disbursement Website Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Chase Bank		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 270 Park Avenue Floor 12		Amount of Each Disbursement this Period 50 Transaction ID : B-E-5987
City New York State NY Zip Code 10017	Purpose of Disbursement Bank Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. CanDo Politics		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 20 W 11th Street Suite 200		Amount of Each Disbursement this Period 145 Transaction ID : B-E-5955
City Covington State KY Zip Code 41011-4112	Purpose of Disbursement Website Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2695.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Thomas H. Massie		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address PO Box 1444		Amount of Each Disbursement this Period 2688.27
City Florence	State KY	
Zip Code 41022	Purpose of Disbursement Reimbursement: Mileage	Transaction ID : B-E-5958
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) B. Thomas H. Massie		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address PO Box 1444		Amount of Each Disbursement this Period 2688.27
City Florence	State KY	
Zip Code 41022	Purpose of Disbursement Reimbursement: Mileage	Transaction ID : B-S-49
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Thomas Massie(04/03/14)
State: District:		

Full Name (Last, First, Middle Initial) c. Churchill Downs Incorporated		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 600 N Hurstbourne Parkway Suite 400		Amount of Each Disbursement this Period 3409
City Louisville	State KY	
Zip Code 40222-5389	Purpose of Disbursement Event Tickets	Transaction ID : B-E-5998
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6097.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Aristotle International, Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650 Transaction ID : B-E-5997
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Compliance Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Broghamer Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 2233.79 Transaction ID : B-E-5876
City Newport State KY Zip Code 41071-2006	Purpose of Disbursement Compliance Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Paycor Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 40 Transaction ID : B-E-6000
City Cincinnati State OH Zip Code 45203-1734	Purpose of Disbursement Payroll Service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2923.79
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. District City Consulting		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 1217 Delafield Place NW		Amount of Each Disbursement this Period 2500 Transaction ID : B-E-5979
City Washington	State DC Zip Code 20011-4417	
Purpose of Disbursement Finance Consulting	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 133.1 Transaction ID : B-E-6001
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Broghamer Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 2143.16 Transaction ID : B-E-5984
City Newport	State KY Zip Code 41071-2006	
Purpose of Disbursement Compliance Consulting	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4776.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. MailChimp		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 512 Means Street NW Suite 404		Amount of Each Disbursement this Period 80 Transaction ID : B-E-6007
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. The Fountain Square Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 630 Vine Street Suite 805		Amount of Each Disbursement this Period 2094.83 Transaction ID : B-E-5957
City Cincinnati State OH Zip Code 45202-2441	Purpose of Disbursement Finance Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Wenzel Strategies		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 4223 Elmway Drive		Amount of Each Disbursement this Period 4000 Transaction ID : B-E-5970
City Toledo State OH Zip Code 43614-5623	Purpose of Disbursement Survey Research Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6174.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. UPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 316 Pennsylvania Avenue SE Suite 300		Amount of Each Disbursement this Period 200 Transaction ID : B-E-5991
City Washington State DC Zip Code 20003-1173	Purpose of Disbursement Facility Rental Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Oldham County Republican Women's Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 2908 N Highway 53		Amount of Each Disbursement this Period 100 Transaction ID : B-E-5999
City La Grange State KY Zip Code 40031-9530	Purpose of Disbursement Sponsorship Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period 2.2 Transaction ID : B-E-6009
City San Francisco State CA Zip Code 94105-3727	Purpose of Disbursement Credit Card Merchant Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	302.20
TOTAL This Period (last page this line number only).....	22969.35

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 14
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Justin Amash For Congress		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 1500 E Beltline Avenue SE Suite 250		Amount of Each Disbursement this Period 2000 Transaction ID : B-E-5985
City Grand Rapids State MI Zip Code 49506-4360	Purpose of Disbursement Political Contribution 011 Category/Type	
Candidate Name Justin Amash	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 03		

Full Name (Last, First, Middle Initial) B. Bright for US Senate		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address PO Box 5988		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-5993
City Greenville State SC Zip Code 29606-5988	Purpose of Disbursement Political Contribution 011 Category/Type	
Candidate Name Lee Bright	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District:		

Full Name (Last, First, Middle Initial) c. Birman for Congress		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address PO Box 647		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-5986
City Folsom State CA Zip Code 95763-0647	Purpose of Disbursement Political Contribution 011 Category/Type	
Candidate Name Igor Birman	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 07		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 14	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Mooney for Congress		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address PO Box 1863		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-5992
City Martinsburg State WV Zip Code 25402-1863	Purpose of Disbursement Political Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Alexander Xavier Mooney	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

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

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

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	5000.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L1

Thomas Massie for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Thomas H. Massie

Primary

General

Other (specify) ▼

Primary 2012

Mailing Address
PO Box 1444

City State ZIP Code
Florence KY 41022

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
80000 55000 25000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
03 / 27 / 2012

M M / D D / Y Y Y Y
None

0.00 % (apr)

Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 25000.00
TOTALS This Period (last page in this line only)..... 25000.00

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