

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CARLY FOR AMERICA

ADDRESS (number and street) PO BOX 25647 ALEXANDRIA VA 22313-5674

2. FEC IDENTIFICATION NUMBER C C00610568 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on 11/08/2016 in the State of VA

5. Covering Period 10/20/2016 through 11/28/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. HANKINS, BRENDA, , , Type or Print Name of Treasurer

Signature of Treasurer HANKINS, BRENDA, , , [Electronically Filed] Date 01/30/2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CARLY FOR AMERICA

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="0"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="310768.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15733.09"/>	<input type="text" value="1012562.84"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="326501.42"/>	<input type="text" value="1012562.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="196634.09"/>	<input type="text" value="882695.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="129867.33"/>	<input type="text" value="129867.33"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 05/2016)

Write or Type Committee Name

CARLY FOR AMERICA

Report Covering the Period: From:

M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

To:

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3450.00	12125.00
(ii) Unitemized	12283.09	60437.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15733.09	72562.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15733.09	112562.67
12. Transfers From Affiliated/Other Party Committees.....	0.00	300000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.17
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	600000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	15733.09	1012562.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15733.09	1012562.84

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	76732.98	274651.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	76732.98	274651.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	80000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	110401.11	528044.36
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	196634.09	882695.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	196634.09	882695.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15733.09	112562.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15733.09	112562.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	76732.98	274651.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.17
38. Net Operating Expenditures (subtract Line 37 from Line 36)	76732.98	274650.98

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

Form/Schedule: F3XA

Transaction ID :

On schedule B, line SB21B, of the original report, there was a memo entry to XcelHR for \$21,040.81. This should not have been marked as a memo and should have been a negative entry to offset the positive entry to the non-contribution account, as a transfer. This Amendment fixes this.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. BAUR, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9008 HAVERFORD TERRACE LANE
 City SAINT LOUIS State MO Zip Code 63117-1050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11A.347074
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. BLACKWELL, JAMES, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12519 WESTMERE
 City HOUSTON State TX Zip Code 77077-3927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11A.347143
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. CONNOR, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 ALLERTON ST
 TULULA77@MAC.COM
 City BROOKLINE State MA Zip Code 02445-7726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) POLYVINYL FILMS Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 22 / 2016
Transaction ID : SA11A.347062
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. COPPLE, LYNDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6205 ORCHARD PARK DRIVE
 City FRISCO State TX Zip Code 75034-5125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016
Transaction ID : SA11A.347035
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

B. GRUEN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 4439 PALOS VERDES PENINSULA
 City PALOS VERDES PENIN State CA Zip Code 90274-9594
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GRUEN FINANCIAL MANAGEMENT Occupation (for Individual) INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11A.346962
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. INGOGLIA, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 40TH ST
 City SACRAMENTO State CA Zip Code 95819-4031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 05 / 2016
Transaction ID : SA11A.346855
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 95
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. MANDLER, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 UNDERCLIFF TERRACE

City WEST ORANGE	State NJ	Zip Code 07052-3930
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MANDEL, KATZ & BROSNAN LLP	Occupation (for Individual) ATTORNEY
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11A.347002

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. MANDLER, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 UNDERCLIFF TERRACE

City WEST ORANGE	State NJ	Zip Code 07052-3930
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MANDEL, KATZ & BROSNAN LLP	Occupation (for Individual) ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2016

Transaction ID : SA11A.347044

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. RISOEN, THOR, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 CHATEAU LANE

City PEACHTREE CITY	State GA	Zip Code 30269-2723
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HARTZOG, RISOEN & SWORDSMA, LLC	Occupation (for Individual) CPA
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11A.346983

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RISOEN, THOR, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 CHATEAU LANE

City PEACHTREE CITY	State GA	Zip Code 30269-2723
------------------------	-------------	------------------------

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

Name of Employer (for Individual) HARTZOG, RISOEN & SWORDSMA, LLC	Occupation (for Individual) CPA
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2016

Transaction ID : SA11A.347157

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. SIMS, HAROLD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 536 BUFFLEHEAD DRIVE

City JOHNS ISLAND	State SC	Zip Code 29455-5791
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2016

Transaction ID : SA11A.347109

Amount of Each Receipt this Period
400.00

Memo Item
CONTRIBUTION

C. WYNN, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 322

City PARSONSBURG	State MD	Zip Code 21849-0322
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

Transaction ID : SA11A.347020

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	3450.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. ELDER, KRISTIN, , ,		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 836 PENDLETON DR		FEC Identification Number C Transaction ID : SB21B.I7934 Amount of Each Disbursement this Period 10400.00
City SALEM	State VA	
Purpose of Disbursement CAMPAIGN CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 11 / 25 / 2016
Mailing Address 200 VESEY ST		FEC Identification Number C Transaction ID : SB21B.I7936 Amount of Each Disbursement this Period 43963.55
City NEW YORK	State NY	
Purpose of Disbursement CREDIT CARD PAYMENT		Memo Item <input type="checkbox"/>
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C Transaction ID : SB21B.I7951 Amount of Each Disbursement this Period 367.47 AMEX, 11/25
City FORT WORTH	State TX	
Purpose of Disbursement TRAVEL		Memo Item <input checked="" type="checkbox"/>
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)..... ▶

54363.55

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7952
Amount of Each Disbursement this Period
118.10

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7953
Amount of Each Disbursement this Period
118.10

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7954
Amount of Each Disbursement this Period
225.10

AMEX, 11/25

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7955 Amount of Each Disbursement this Period [REDACTED] 225.10 AMEX, 11/25
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7956 Amount of Each Disbursement this Period [REDACTED] 866.10 AMEX, 11/25
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7957 Amount of Each Disbursement this Period [REDACTED] 866.10 AMEX, 11/25
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2016

FEC Identification Number

C

Transaction ID : SB21B.I7958

Amount of Each Disbursement this Period

496.10

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2016

FEC Identification Number

C

Transaction ID : SB21B.I7959

Amount of Each Disbursement this Period

496.10

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	05	/	2016

FEC Identification Number

C

Transaction ID : SB21B.I7960

Amount of Each Disbursement this Period

278.60

AMEX, 11/25

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7961
Amount of Each Disbursement this Period: 278.60
AMEX, 11/25
 Memo Item

B. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7962
Amount of Each Disbursement this Period: 348.60
AMEX, 11/25
 Memo Item

C. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7963
Amount of Each Disbursement this Period: 348.60
AMEX, 11/25
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7964
Amount of Each Disbursement this Period: 349.10
AMEX, 11/25
 Memo Item

B. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7965
Amount of Each Disbursement this Period: 349.10
AMEX, 11/25
 Memo Item

C. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7966
Amount of Each Disbursement this Period: 331.10
AMEX, 11/25
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7967 Amount of Each Disbursement this Period [REDACTED] 276.10 AMEX, 11/25
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7968 Amount of Each Disbursement this Period [REDACTED] 348.60 AMEX, 11/25
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 10 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7969 Amount of Each Disbursement this Period [REDACTED] 11.98 AMEX, 11/25
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7970
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 8.99	
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7971
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] -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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7972
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] -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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7973

Amount of Each Disbursement this Period: -18.00

AMEX, 11/25

Memo Item

B. AMTRAK

Full Name (Last, First, Middle Initial)

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 23 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7980

Amount of Each Disbursement this Period: -378.00

AMEX, 11/25

Memo Item

C. DELTA

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7998

Amount of Each Disbursement this Period: 418.60

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. DELTA		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7999
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 418.60
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) ▼	AMEX, 11/25
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. DELTA		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8000
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 422.10
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) ▼	AMEX, 11/25
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. DELTA		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8001
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 422.10
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) ▼	AMEX, 11/25
State: District:		<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. DELTA		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address 1030 DELTA BLVD		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB21B.I8002 Amount of Each Disbursement this Period 515.10
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address 1030 DELTA BLVD		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB21B.I8003 Amount of Each Disbursement this Period 515.10
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address 1030 DELTA BLVD		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB21B.I8004 Amount of Each Disbursement this Period -515.10
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

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 / 28 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8005
Amount of Each Disbursement this Period

[REDACTED] -515.10

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

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 / 29 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8006
Amount of Each Disbursement this Period

[REDACTED] 465.10

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

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 / 29 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8007
Amount of Each Disbursement this Period

[REDACTED] 465.10

AMEX, 11/25

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8013
Amount of Each Disbursement this Period
495.97

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. GOGOAIR

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8015
Amount of Each Disbursement this Period
9.95

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. GOGOAIR

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8016
Amount of Each Disbursement this Period
6.00

AMEX, 11/25

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GOGOAIR

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8017

Amount of Each Disbursement this Period

32.42

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. GOGOAIR

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8018

Amount of Each Disbursement this Period

32.42

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. GOGOAIR

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8019

Amount of Each Disbursement this Period

9.95

AMEX, 11/25

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

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

Date of Disbursement
MM / DD / YYYY
11 / 15 / 2016

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement TRAVEL

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : SB21B.I8020
Amount of Each Disbursement this Period
19.95
AMEX, 11/25
 Memo Item

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

Date of Disbursement
MM / DD / YYYY
11 / 16 / 2016

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement TRAVEL

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : SB21B.I8021
Amount of Each Disbursement this Period
4.99
AMEX, 11/25
 Memo Item

Full Name (Last, First, Middle Initial)
C. HARD TIMES CAFE

Date of Disbursement
MM / DD / YYYY
11 / 09 / 2016

Mailing Address 1701 S ARLINGTON RIDGE RD

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : SB21B.I8022
Amount of Each Disbursement this Period
307.90
AMEX, 11/25
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. HILTON

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement
TRAVEL

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
11			01			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B.I8023
Amount of Each Disbursement this Period
[REDACTED] 229.08

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. HILTON

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement
TRAVEL

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
11			01			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B.I8024
Amount of Each Disbursement this Period
[REDACTED] 295.26

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. HOTEL ROANOKE

Mailing Address 110 SHENANDOAH AVE NW

City
ROANOKE

State
VA

Zip Code
24016

Purpose of Disbursement
TRAVEL

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
10			19			2016			

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B.I8026
Amount of Each Disbursement this Period
[REDACTED] 253.79

AMEX, 11/25

Memo Item

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

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

[REDACTED]	0.00
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. HOTEL ROANOKE

Mailing Address 110 SHENANDOAH AVE NW

City ROANOKE State VA Zip Code 24016

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8027

Amount of Each Disbursement this Period

[REDACTED] 366.19

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. INN AT RANCHO SANTA

Mailing Address 5951 LINEA DEL CIELO

City RANCHO SANTA FE State CA Zip Code 92067

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8132

Amount of Each Disbursement this Period

[REDACTED] 450.38

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. INN AT RANCHO SANTA

Mailing Address 5951 LINEA DEL CIELO

City RANCHO SANTA FE State CA Zip Code 92067

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8133

Amount of Each Disbursement this Period

[REDACTED] 50.12

AMEX, 11/25

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8031

Amount of Each Disbursement this Period: 357.00

AMEX, 11/25

Memo Item

B. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8032

Amount of Each Disbursement this Period: 891.00

AMEX, 11/25

Memo Item

C. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8033

Amount of Each Disbursement this Period: 1079.20

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 27 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8034 Amount of Each Disbursement this Period [REDACTED] 966.28 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
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 <input checked="" type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8035 Amount of Each Disbursement this Period [REDACTED] 377.40 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
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 <input checked="" type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8036 Amount of Each Disbursement this Period [REDACTED] 594.00 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
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 <input checked="" type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LIMOLINK

Mailing Address 701 TAMA ST SE

City
MARION

State
IA

Zip Code
52302

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
10			03			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8037

Amount of Each Disbursement this Period

[REDACTED] 212.40

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. LIMOLINK

Mailing Address 701 TAMA ST SE

City
MARION

State
IA

Zip Code
52302

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
10			10			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8038

Amount of Each Disbursement this Period

[REDACTED] 164.40

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. LIMOLINK

Mailing Address 701 TAMA ST SE

City
MARION

State
IA

Zip Code
52302

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
10			10			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8039

Amount of Each Disbursement this Period

[REDACTED] 897.00

AMEX, 11/25

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LIMOLINK

Mailing Address 701 TAMA ST SE

City
MARION

State
IA

Zip Code
52302

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
10			18			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8040

Amount of Each Disbursement this Period

164.40

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. LIMOLINK

Mailing Address 701 TAMA ST SE

City
MARION

State
IA

Zip Code
52302

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
10			18			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8041

Amount of Each Disbursement this Period

164.40

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. LIMOLINK

Mailing Address 701 TAMA ST SE

City
MARION

State
IA

Zip Code
52302

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
10			18			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8042

Amount of Each Disbursement this Period

475.20

AMEX, 11/25

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8043

Amount of Each Disbursement this Period: 396.75

AMEX, 11/25

Memo Item

B. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8044

Amount of Each Disbursement this Period: 314.00

AMEX, 11/25

Memo Item

C. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8045

Amount of Each Disbursement this Period: 334.40

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. LIMOLINK		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8049 Amount of Each Disbursement this Period [REDACTED] 831.60 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 18 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8050 Amount of Each Disbursement this Period [REDACTED] 3.00 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LIMOLINK		Date of Disbursement MM / DD / YYYY 09 / 18 / 2016
Mailing Address 701 TAMA ST SE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8051 Amount of Each Disbursement this Period [REDACTED] 3.00 AMEX, 11/25
City MARION	State IA	Zip Code 52302
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8052

Amount of Each Disbursement this Period: 582.53

AMEX, 11/25

Memo Item

B. LIMOLINK

Full Name (Last, First, Middle Initial)

Mailing Address 701 TAMA ST SE

City MARION State IA Zip Code 52302

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8053

Amount of Each Disbursement this Period: 582.53

AMEX, 11/25

Memo Item

C. MANDARIN ORIENTAL

Full Name (Last, First, Middle Initial)

Mailing Address 250 W 57TH ST STE 1917

City NEW YORK State NY Zip Code 10107

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8054

Amount of Each Disbursement this Period: 96.92

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MANDARIN ORIENTAL

Mailing Address 250 W 57TH ST STE 1917

City NEW YORK State NY Zip Code 10107

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8055

Amount of Each Disbursement this Period

[REDACTED] 215.63

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. MARRIOTT

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8056

Amount of Each Disbursement this Period

[REDACTED] 307.78

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. MARRIOTT

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8057

Amount of Each Disbursement this Period

[REDACTED] 314.37

AMEX, 11/25

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MARRIOTT

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8058
Amount of Each Disbursement this Period
36.03

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. MARRIOTT

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8059
Amount of Each Disbursement this Period
20.36

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. MARRIOTT

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8060
Amount of Each Disbursement this Period
99.14

AMEX, 11/25

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8061 Amount of Each Disbursement this Period [REDACTED] 262.78 AMEX, 11/25
City BETHESDA	State MD	Zip Code 20817
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8062 Amount of Each Disbursement this Period [REDACTED] 281.00 AMEX, 11/25
City BETHESDA	State MD	Zip Code 20817
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. OMNI HOTELS		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 4001 MAPLE AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8068 Amount of Each Disbursement this Period [REDACTED] 320.29 AMEX, 11/25
City DALLAS	State TX	Zip Code 75219
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)
A. OMNI HOTELS

Mailing Address 4001 MAPLE AVE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8069

Amount of Each Disbursement this Period: 327.24

AMEX, 11/25

Memo Item

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

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8076

Amount of Each Disbursement this Period: 4.40

AMEX, 11/25

Memo Item

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

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8077

Amount of Each Disbursement this Period: 221.13

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENAISSANCE		Date of Disbursement MM / DD / YYYY 10 / 01 / 2016
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8078
City BETHESDA	State MD	Zip Code 20817
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 249.04
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. RENAISSANCE		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8079
City BETHESDA	State MD	Zip Code 20817
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 22.04
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. RENAISSANCE		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8080
City BETHESDA	State MD	Zip Code 20817
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 70.92
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8081 Amount of Each Disbursement this Period [REDACTED] 154.05 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8082 Amount of Each Disbursement this Period [REDACTED] 167.73 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8083 Amount of Each Disbursement this Period [REDACTED] 452.96 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [] Transaction ID : SB21B.I8084 Amount of Each Disbursement this Period [] 154.05 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [] Transaction ID : SB21B.I8085 Amount of Each Disbursement this Period [] 154.05 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [] Transaction ID : SB21B.I8086 Amount of Each Disbursement this Period [] 154.05 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8087

Amount of Each Disbursement this Period: 154.05

AMEX, 11/25

Memo Item

B. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8088

Amount of Each Disbursement this Period: 181.41

AMEX, 11/25

Memo Item

C. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8089

Amount of Each Disbursement this Period: 181.41

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8090 Amount of Each Disbursement this Period [REDACTED] 210.51 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 10 / 22 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8091 Amount of Each Disbursement this Period [REDACTED] 125.17 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8092 Amount of Each Disbursement this Period [REDACTED] 154.05 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8093

Amount of Each Disbursement this Period: 154.05

AMEX, 11/25

Memo Item

B. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8094

Amount of Each Disbursement this Period: 154.05

AMEX, 11/25

Memo Item

C. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8095

Amount of Each Disbursement this Period: 154.05

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8096 Amount of Each Disbursement this Period [REDACTED] 167.73 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8097 Amount of Each Disbursement this Period [REDACTED] 167.73 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RENDEZ-VOUS LIMOUSINE LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2016
Mailing Address 1425 K ST, STE 350		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8098 Amount of Each Disbursement this Period [REDACTED] 181.41 AMEX, 11/25
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. RENDEZ-VOUS LIMOUSINE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1425 K ST, STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8099

Amount of Each Disbursement this Period: 181.41

AMEX, 11/25

Memo Item

B. SHERATON

Full Name (Last, First, Middle Initial)

Mailing Address 1 STARPOINT

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8103

Amount of Each Disbursement this Period: 30.97

AMEX, 11/25

Memo Item

C. SOUTHWEST

Full Name (Last, First, Middle Initial)

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: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8113

Amount of Each Disbursement this Period: 375.98

AMEX, 11/25

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SOUTHWEST

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
0	9		1	9		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8114

Amount of Each Disbursement this Period

[REDACTED] 375.98

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHWEST

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
0	9		2	9		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8115

Amount of Each Disbursement this Period

[REDACTED] 392.98

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. SOUTHWEST

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
0	9		2	9		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8116

Amount of Each Disbursement this Period

[REDACTED] 392.98

AMEX, 11/25

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

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

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8117

Amount of Each Disbursement this Period: -375.98

AMEX, 11/25

Memo Item

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

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8118

Amount of Each Disbursement this Period: -375.98

AMEX, 11/25

Memo Item

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

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8119

Amount of Each Disbursement this Period: 15.00

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SOUTHWEST

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	Y	Y
10			05			2016					

FEC Identification Number

C

Transaction ID : SB21B.I8120

Amount of Each Disbursement this Period

343.99

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHWEST

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	Y	Y
10			05			2016					

FEC Identification Number

C

Transaction ID : SB21B.I8121

Amount of Each Disbursement this Period

366.98

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. SOUTHWEST

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	Y	Y
10			24			2016					

FEC Identification Number

C

Transaction ID : SB21B.I8122

Amount of Each Disbursement this Period

222.98

AMEX, 11/25

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

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

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: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8123

Amount of Each Disbursement this Period: 507.98

AMEX, 11/25

Memo Item

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

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: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8124

Amount of Each Disbursement this Period: 507.98

AMEX, 11/25

Memo Item

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

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: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8125

Amount of Each Disbursement this Period: 512.98

AMEX, 11/25

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. SOUTHWEST

Full Name (Last, First, Middle Initial)

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: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8126

Amount of Each Disbursement this Period: 512.98

AMEX, 11/25

Memo Item

B. SOUTHWEST

Full Name (Last, First, Middle Initial)

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: 10 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8127

Amount of Each Disbursement this Period: 243.98

AMEX, 11/25

Memo Item

C. SOUTHWEST

Full Name (Last, First, Middle Initial)

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: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8128

Amount of Each Disbursement this Period: 8.00

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

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

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8108

Amount of Each Disbursement this Period: 10.59

AMEX, 11/25

Memo Item

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

Mailing Address 1530 MAIN ST

City DALLAS State TX Zip Code 75201

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8134

Amount of Each Disbursement this Period: 3.25

AMEX, 11/25

Memo Item

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

Mailing Address 1530 MAIN ST

City DALLAS State TX Zip Code 75201

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8135

Amount of Each Disbursement this Period: 263.94

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)
A. THE JOULE

Date of Disbursement: / /

Mailing Address: 1530 MAIN ST

City: DALLAS State: TX Zip Code: 75201

Purpose of Disbursement: TRAVEL

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number:
Transaction ID : **SB21B.I8136**
Amount of Each Disbursement this Period:
AMEX, 11/25

Memo Item

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

Date of Disbursement: / /

Mailing Address: 23 S 8TH ST

City: COLUMBIA State: MO Zip Code: 65201

Purpose of Disbursement: TRAVEL

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number:
Transaction ID : **SB21B.I8140**
Amount of Each Disbursement this Period:
AMEX, 11/25

Memo Item

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

Date of Disbursement: / /

Mailing Address: 23 S 8TH ST

City: COLUMBIA State: MO Zip Code: 65201

Purpose of Disbursement: TRAVEL

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number:
Transaction ID : **SB21B.I8141**
Amount of Each Disbursement this Period:
AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)
A. TIGER HOTEL

Mailing Address 23 S 8TH ST

City COLUMBIA State MO Zip Code 65201

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8142

Amount of Each Disbursement this Period: 223.83

AMEX, 11/25

Memo Item

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

Mailing Address 23 S 8TH ST

City COLUMBIA State MO Zip Code 65201

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8143

Amount of Each Disbursement this Period: 246.32

AMEX, 11/25

Memo Item

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

Mailing Address 608 MONTGOMERY ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8145

Amount of Each Disbursement this Period: 190.51

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. TJ STONE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 608 MONTGOMERY ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8146
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement FOOD/BEVERAGE	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 23.70	
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8148
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 27.64	
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8149
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 57.33	
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) ▼	AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB21B.I8150 Amount of Each Disbursement this Period [] 11.93 AMEX, 11/25
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB21B.I8151 Amount of Each Disbursement this Period [] 13.23 AMEX, 11/25
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB21B.I8152 Amount of Each Disbursement this Period [] 14.23 AMEX, 11/25
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 11 / 16 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB21B.I8153
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [] 6.98
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		AMEX, 11/25

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 01 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB21B.I8154
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [] 34.83
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		AMEX, 11/25

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [] Transaction ID : SB21B.I8155
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [] 39.46
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		AMEX, 11/25

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8156 Amount of Each Disbursement this Period [REDACTED] 38.71 AMEX, 11/25
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8157 Amount of Each Disbursement this Period [REDACTED] 13.43 AMEX, 11/25
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 12 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8158 Amount of Each Disbursement this Period [REDACTED] 13.04 AMEX, 11/25
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: 10 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8159

Amount of Each Disbursement this Period: 12.71

AMEX, 11/25

Memo Item

B. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8160

Amount of Each Disbursement this Period: 130.22

AMEX, 11/25

Memo Item

C. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: 10 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8161

Amount of Each Disbursement this Period: 43.94

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 15 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8162
Amount of Each Disbursement this Period: 10.60
AMEX, 11/25

Memo Item

B. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 17 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8163
Amount of Each Disbursement this Period: 45.42
AMEX, 11/25

Memo Item

C. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8164
Amount of Each Disbursement this Period: 47.96
AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8165

Amount of Each Disbursement this Period: 13.73

AMEX, 11/25

Memo Item

B. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8166

Amount of Each Disbursement this Period: 39.26

AMEX, 11/25

Memo Item

C. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8167

Amount of Each Disbursement this Period: 7.51

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 23 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8168
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 8.63
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) ▼	Category/Type [REDACTED]
State: District:		<input checked="" type="checkbox"/> Memo Item AMEX, 11/25

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8169
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 7.62
Office Sought: <input type="checkbox"/> 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 [REDACTED]
State: District:		<input checked="" type="checkbox"/> Memo Item AMEX, 11/25

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8170
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 18.81
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) ▼	Category/Type [REDACTED]
State: District:		<input checked="" type="checkbox"/> Memo Item AMEX, 11/25

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 18 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8171 Amount of Each Disbursement this Period [REDACTED] 38.49 AMEX, 11/25
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/ Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8172 Amount of Each Disbursement this Period [REDACTED] 38.08 AMEX, 11/25
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/ Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8173 Amount of Each Disbursement this Period [REDACTED] 36.24 AMEX, 11/25
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/ Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8174
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [REDACTED] 26.63
Candidate Name		Category/Type [REDACTED]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item AMEX, 11/25
State: District:		

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8175
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [REDACTED] 13.29
Candidate Name		Category/Type [REDACTED]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item AMEX, 11/25
State: District:		

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8176
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [REDACTED] 40.43
Candidate Name		Category/Type [REDACTED]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item AMEX, 11/25
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 22 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8177
Amount of Each Disbursement this Period: 18.68
AMEX, 11/25

Memo Item

B. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 22 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8178
Amount of Each Disbursement this Period: 39.71
AMEX, 11/25

Memo Item

C. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 24 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8179
Amount of Each Disbursement this Period: 46.99
AMEX, 11/25

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 26 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8180
Amount of Each Disbursement this Period: 124.15
AMEX, 11/25

Memo Item

B. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 26 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8181
Amount of Each Disbursement this Period: 16.33
AMEX, 11/25

Memo Item

C. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 27 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8182
Amount of Each Disbursement this Period: 11.72
AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 26 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8183
Amount of Each Disbursement this Period: 6.35
AMEX, 11/25
 Memo Item

B. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8184
Amount of Each Disbursement this Period: 38.27
AMEX, 11/25
 Memo Item

C. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I8185
Amount of Each Disbursement this Period: 12.43
AMEX, 11/25
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address 1455 MARKET ST FL 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8186 Amount of Each Disbursement this Period 12.07 AMEX, 11/25
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8187 Amount of Each Disbursement this Period 478.60 AMEX, 11/25
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8188 Amount of Each Disbursement this Period 478.60 AMEX, 11/25
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement TRAVEL		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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8189 Amount of Each Disbursement this Period 508.60 AMEX, 11/25
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	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:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8190 Amount of Each Disbursement this Period 508.60 AMEX, 11/25
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	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:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8191 Amount of Each Disbursement this Period 581.10 AMEX, 11/25
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	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:	<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8192 Amount of Each Disbursement this Period 581.10 AMEX, 11/25
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	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:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8193 Amount of Each Disbursement this Period -508.60 AMEX, 11/25
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	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:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8194 Amount of Each Disbursement this Period -508.60 AMEX, 11/25
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	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:	<input checked="" type="checkbox"/> Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8195

Amount of Each Disbursement this Period: 581.10

AMEX, 11/25

Memo Item

B. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8196

Amount of Each Disbursement this Period: 581.10

AMEX, 11/25

Memo Item

C. UNITED AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8197

Amount of Each Disbursement this Period: 581.10

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8198 Amount of Each Disbursement this Period [REDACTED] 788.10 AMEX, 11/25
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8199 Amount of Each Disbursement this Period [REDACTED] 788.10 AMEX, 11/25
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8200 Amount of Each Disbursement this Period [REDACTED] -581.10 AMEX, 11/25
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 12 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8201 Amount of Each Disbursement this Period -581.10 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 12 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8202 Amount of Each Disbursement this Period -581.10 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8203 Amount of Each Disbursement this Period 581.10 AMEX, 11/25 <input checked="" type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address P.O. BOX 06649

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2016			

FEC Identification Number

C []

Transaction ID : SB21B.I8204

Amount of Each Disbursement this Period

[] -581.10

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address P.O. BOX 06649

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2016			

FEC Identification Number

C []

Transaction ID : SB21B.I8205

Amount of Each Disbursement this Period

[] 7.99

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address P.O. BOX 06649

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2016			

FEC Identification Number

C []

Transaction ID : SB21B.I8206

Amount of Each Disbursement this Period

[] 7.99

AMEX, 11/25

Memo Item

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

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

[] 0.00

[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)
A. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 18 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8207

Amount of Each Disbursement this Period: -478.60

AMEX, 11/25

Memo Item

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

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 18 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8208

Amount of Each Disbursement this Period: -478.60

AMEX, 11/25

Memo Item

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

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8209

Amount of Each Disbursement this Period: 578.10

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8210 Amount of Each Disbursement this Period 578.10 AMEX, 11/25
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	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:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 11 / 16 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8211 Amount of Each Disbursement this Period 4.99 AMEX, 11/25
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	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:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 11 / 16 / 2016
Mailing Address P.O. BOX 06649		FEC Identification Number C Transaction ID : SB21B.I8212 Amount of Each Disbursement this Period 1331.60 AMEX, 11/25
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	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:	<input checked="" type="checkbox"/> Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address P.O. BOX 06649

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8213

Amount of Each Disbursement this Period

1331.60

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. VIRGIN AMERICA

Mailing Address 555 AIRPORT BLVD
FL2

City
BURLINGAME

State
CA

Zip Code
94010

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8215

Amount of Each Disbursement this Period

868.10

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. VIRTUE FEED & GRAIN

Mailing Address 106 S UNION ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8216

Amount of Each Disbursement this Period

44.35

AMEX, 11/25

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. VIRTUE FEED & GRAIN		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 106 S UNION ST		FEC Identification Number C [REDACTED]	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB21B.I8217
Purpose of Disbursement FOOD/BEVERAGE		Category/Type	Amount of Each Disbursement this Period 70.15
Candidate Name		AMEX, 11/25	
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:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. VIRTUE FEED & GRAIN		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 106 S UNION ST		FEC Identification Number C [REDACTED]	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB21B.I8218
Purpose of Disbursement FOOD/BEVERAGE		Category/Type	Amount of Each Disbursement this Period 86.60
Candidate Name		AMEX, 11/25	
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:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. WESTIN		Date of Disbursement MM / DD / YYYY 10 / 15 / 2016	
Mailing Address 1 STARPOINT		FEC Identification Number C [REDACTED]	
City STAMFORD	State CT	Zip Code 06902	Transaction ID : SB21B.I8220
Purpose of Disbursement TRAVEL		Category/Type	Amount of Each Disbursement this Period 480.80
Candidate Name		AMEX, 11/25	
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:	<input checked="" type="checkbox"/> Memo Item		

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

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

0.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. WESTIN		Date of Disbursement MM / DD / YYYY 10 / 15 / 2016
Mailing Address 1 STARPOINT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8221 Amount of Each Disbursement this Period [REDACTED] 491.51 AMEX, 11/25
City STAMFORD	State CT	Zip Code 06902
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. WESTIN		Date of Disbursement MM / DD / YYYY 10 / 15 / 2016
Mailing Address 1 STARPOINT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8222 Amount of Each Disbursement this Period [REDACTED] 512.94 AMEX, 11/25
City STAMFORD	State CT	Zip Code 06902
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. WESTIN		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 1 STARPOINT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I8223 Amount of Each Disbursement this Period [REDACTED] 123.68 AMEX, 11/25
City STAMFORD	State CT	Zip Code 06902
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WESTIN

Mailing Address 1 STARPOINT

City
STAMFORD

State
CT

Zip Code
06902

Purpose of Disbursement
TRAVEL

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
0	9		2	3		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I8224

Amount of Each Disbursement this Period

23.96

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

B. WESTIN

Mailing Address 1 STARPOINT

City
STAMFORD

State
CT

Zip Code
06902

Purpose of Disbursement
TRAVEL

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
0	9		2	3		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I8225

Amount of Each Disbursement this Period

38.43

AMEX, 11/25

Memo Item

Full Name (Last, First, Middle Initial)

C. WESTIN

Mailing Address 1 STARPOINT

City
STAMFORD

State
CT

Zip Code
06902

Purpose of Disbursement
TRAVEL

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
0	9		2	5		2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.I8226

Amount of Each Disbursement this Period

182.26

AMEX, 11/25

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. WHITEPAGES PRO

Full Name (Last, First, Middle Initial)

Mailing Address 1301 5TH AVE
STE 1600

City SEATTLE State WA Zip Code 98101

Purpose of Disbursement ONLINE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8227

Amount of Each Disbursement this Period: 99.00

AMEX, 11/25

Memo Item

B. ZOHOCORPORATION

Full Name (Last, First, Middle Initial)

Mailing Address 5200 FRANKLIN DR.
STE 115

City PLEASANTON State CA Zip Code 94588

Purpose of Disbursement ONLINE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8229

Amount of Each Disbursement this Period: 25.00

AMEX, 11/25

Memo Item

C. ZOHOCORPORATION

Full Name (Last, First, Middle Initial)

Mailing Address 5200 FRANKLIN DR.
STE 115

City PLEASANTON State CA Zip Code 94588

Purpose of Disbursement ONLINE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8230

Amount of Each Disbursement this Period: 25.00

AMEX, 11/25

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
TRANSFER NON-CONTRIBUTION SHARE

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 Y Y
11 / 28 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8233
Amount of Each Disbursement this Period
-21981.77

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement
ONLINE CONTRIBUTION PROCESSING

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 Y Y
11 / 28 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7928
Amount of Each Disbursement this Period
1008.62

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

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 Y Y
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7932
Amount of Each Disbursement this Period
250.00

Memo Item

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

1258.62

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
ONLINE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7931
Amount of Each Disbursement this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7755
Amount of Each Disbursement this Period
14018.13

Memo Item

Full Name (Last, First, Middle Initial)

C. ALMSTEAD, DEIDRE, A, ,

Mailing Address 1020 N FAIRFAX ST
STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7760
Amount of Each Disbursement this Period
2937.73

Memo Item

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

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

14068.13

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. SADLER, FRANK, F, ,		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7758 Amount of Each Disbursement this Period 4499.58	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type
Purpose of Disbursement NET SALARY			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. SPURLOCK, BRIDGET, E, ,		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7759 Amount of Each Disbursement this Period 1335.38	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type
Purpose of Disbursement NET SALARY			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. XCELHR		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 7361 CALHOUN PL STE 600		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7756 Amount of Each Disbursement this Period 1979.67	
City ROCKVILLE	State MD	Zip Code 20855	Category/ Type
Purpose of Disbursement PEO SERVICE FEE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
WITHHOLDING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7757
Amount of Each Disbursement this Period
3265.77

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7930
Amount of Each Disbursement this Period
14031.75

Memo Item

Full Name (Last, First, Middle Initial)

C. ALMSTEAD, DEIDRE, A, ,

Mailing Address 1020 N FAIRFAX ST
STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET PAY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I7939
Amount of Each Disbursement this Period
2937.73

Memo Item

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

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

14031.75

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. SADLER, FRANK, F, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7940

Amount of Each Disbursement this Period: 4499.58

Memo Item

B. SPURLOCK, BRIDGET, E, ,

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N FAIRFAX ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement NET PAY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7941

Amount of Each Disbursement this Period: 1335.38

Memo Item

C. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7942

Amount of Each Disbursement this Period: 3265.77

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 03 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7943

Amount of Each Disbursement this Period

1979.67

Memo Item

Full Name (Last, First, Middle Initial)

B. XCELHR

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7935

Amount of Each Disbursement this Period

14031.74

Memo Item

Full Name (Last, First, Middle Initial)

C. ALMSTEAD, DEIDRE, A, ,

Mailing Address 1020 N FAIRFAX ST
STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
NET PAY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I7944

Amount of Each Disbursement this Period

2937.71

Memo Item

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

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

14031.74

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial) A. SADLER, FRANK, F, ,		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7945 Amount of Each Disbursement this Period [REDACTED] 4499.56
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement NET PAY		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SPURLOCK, BRIDGET, E, ,		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address 1020 N FAIRFAX ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7946 Amount of Each Disbursement this Period [REDACTED] 1335.36
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement NET PAY		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. XCELHR		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address 7361 CALHOUN PL STE 600		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I7947 Amount of Each Disbursement this Period [REDACTED] 3265.83
City ROCKVILLE	State MD	Zip Code 20855
Purpose of Disbursement PAYROLL TAXES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement PAYROLL SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7949

Amount of Each Disbursement this Period: 1993.28

Memo Item

B. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement TRANSFER NON-CONTRIBUTION SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8234

Amount of Each Disbursement this Period: -21040.81

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	-21040.81
TOTAL This Period (last page this line number only).....▶	76712.98

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. ANN WAGNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 50

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

City
BALLWIN

State
MO

Zip Code
63022

FEC Identification Number

Purpose of Disbursement

C C00495846

Candidate Name

WAGNER, ANN, L., ,

Category/
Type

Transaction ID : SB23.I7736

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

1500.00

State: MO District: 02

Memo Item

B. FRIENDS OF JOE HECK

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 753908

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

City
LAS VEGAS

State
NV

Zip Code
89136

FEC Identification Number

Purpose of Disbursement

C C00580688

Candidate Name

HECK, JOE, , ,

Category/
Type

Transaction ID : SB23.I7737

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

1000.00

State: NV District:

Memo Item

C. FRIENDS OF TODD YOUNG, INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1053

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

City
BLOOMINGTO

State
IN

Zip Code
47402

FEC Identification Number

Purpose of Disbursement

C C00459255

Candidate Name

YOUNG, TODD, CHRISTOPHER, ,

Category/
Type

Transaction ID : SB23.I7739

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

1000.00

State: IN District: 09

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROY BLUNT

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement

Candidate Name
BLUNT, ROY, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MO District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C C00304758

Transaction ID : SB23.I7740

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN MCCAIN INC

Mailing Address 228 SOUTH WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name
MCCAIN, JOHN, S, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AZ District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C C00540310

Transaction ID : SB23.I7741

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PAT TOOMEY

Mailing Address 5250 WHEATLAND DR

City ZIONSVILLE State PA Zip Code 18092

Purpose of Disbursement

Candidate Name
TOOMEY, PATRICK, JOSEPH, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: PA District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C C00461046

Transaction ID : SB23.I7744

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GEORGIANS FOR ISAKSON

Mailing Address PO BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement

Candidate Name
ISAKSON, JOHN , HARDY ,

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

State: GA District:

Date of Disbursement

/ /

FEC Identification Number

C C00384693

Transaction ID : SB23.I7742

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MARCO RUBIO FOR SENATE 2016

Mailing Address PO BOX 661537

City MIAMI State FL Zip Code 33266

Purpose of Disbursement

Candidate Name
RUBIO, MARCO, ,

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

State: FL District:

Date of Disbursement

/ /

FEC Identification Number

C C00620518

Transaction ID : SB23.I7738

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RON JOHNSON FOR SENATE INC

Mailing Address 219 E WASHINGTON AVE
STE 101

City OSHKOSH State WI Zip Code 54901

Purpose of Disbursement

Candidate Name
JOHNSON, RONALD , HAROLD ,

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

State: WI District:

Date of Disbursement

/ /

FEC Identification Number

C C00482984

Transaction ID : SB23.I7743

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
TRANSFER NON-CONTRIBUTION ACCOUNT SHARE

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I8232
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF HEATHER CORDASCO

Mailing Address PO BOX 6833

City WILLIAMSBURG State VA Zip Code 23188

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION (NON-CONTRIBUTION ACCOUNT)

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I7745
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TARBELL COMPANIES, INC.

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement
STRATEGIC CONSULTING; CONSULTANT EXPENSES

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I7938
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CARLY FOR AMERICA

A. TUSK DIGITAL

Full Name (Last, First, Middle Initial)

Mailing Address 718 7TH ST NW
FL 2

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB29.I7937

Amount of Each Disbursement this Period: 14323.21

Memo Item

B. XCELHR

Full Name (Last, First, Middle Initial)

Mailing Address 7361 CALHOUN PL
STE 600

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement TRANSFER NON-CONTRIBUTION ACCOUNT SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB29.I8231

Amount of Each Disbursement this Period: 21040.81

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	35364.02
TOTAL This Period (last page this line number only).....▶	110401.11