

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

SECRETARY OF THE SENATE
16 JUL 19 AM 9:38

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Wendy Long 2016, inc.

ADDRESS (number and street) ▼

1390 Chain Bridge Road

#515

Check if different than previously reported. (ACC)

McLean

VA

22101

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00610402

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NY

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on MM/DD/YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on MM/DD/YYYY

in the State of

5. Covering Period

MM/DD/YYYY 06/09/2016

through

MM/DD/YYYY 06/30/2016

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

Type or Print Name of Treasurer Cabell Hobbs

Signature of Treasurer Cabell Hobbs

Date

MM/DD/YYYY 07/15/2016

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

201607210200285686

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name
Wendy Long 2016, inc.

Report Covering the Period: From:

| | |
|----|---|
| M | M |
| 06 | |

 /

| | |
|----|---|
| D | D |
| 09 | |

 /

| | | | |
|------|---|---|---|
| Y | Y | Y | Y |
| 2016 | | | |

 To:

| | |
|----|---|
| M | M |
| 06 | |

 /

| | |
|----|---|
| D | D |
| 30 | |

 /

| | | | |
|------|---|---|---|
| Y | Y | Y | Y |
| 2016 | | | |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) .. | 36878.16 | 104599.97 |
| (b) Total Contribution Refunds (from Line 20(d)) .. | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ... | 36878.16 | 104599.97 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) .. | 29458.78 | 103028.44 |
| (b) Total Offsets to Operating Expenditures (from Line 14)... | 0.00 | 144.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))... | 29458.78 | 102884.44 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)... | 31915.53 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ... | 81224.66 | |

For further information contact:

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

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

201607210200285687

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Wendy Long 2016, inc.

Report Covering the Period: From: M M / D D / Y Y Y Y
06 / 09 / 2016

To: M M / D D / Y Y Y Y
06 / 30 / 2016

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) ... | 22675.00 | 49900.00 |
| (ii) Unitemized | 14203.16 | 50199.97 |
| (iii) TOTAL of contributions from individuals . | 36878.16 | 100099.97 |
| (b) Political Party Committees... | 0.00 | 2000.00 |
| (c) Other Political Committees (such as PACs) ... | 0.00 | 2500.00 |
| (d) The Candidate | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 36878.16 | 104599.97 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .. | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate... | 0.00 | 30200.00 |
| (b) All Other Loans... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))... | 0.00 | 30200.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .. | 0.00 | 144.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... | 36878.16 | 134943.97 |

201607210200285688

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 25

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES... | 29458.78 | 103028.44 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .. | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees ... | 0.00 | 0.00 |
| (b) Political Party Committees... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) ... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS .. | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 29458.78 | 103028.44 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD... | 24496.15 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)... | 36878.16 |
| 25. SUBTOTAL (add Line 23 and Line 24)... | 61374.31 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)... | 29458.78 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)... | 31915.53 |

201607210200285689

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. CHRISTOPHER BROWN | | Date of Receipt MM / DD / YYYY 06 / 30 / 2016 | |
| Mailing Address 4630 WEST MCNAB ROAD, APPT. A2 | | Transaction ID : SA11A.3812 | |
| City POMPANO BEACH | State FL | Zip Code 33069- | Amount of Each Receipt this Period _____ 500.00 <input type="checkbox"/> Memo Item CONTRIBUTION |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer RETIRED | Occupation RETIRED | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. ARCADIO CASILLAS | | Date of Receipt MM / DD / YYYY 06 / 30 / 2016 | |
| Mailing Address 590 MADISON AVENUE | | Transaction ID : SA11A.3814 | |
| City NEW YORK | State NY | Zip Code 10022- | Amount of Each Receipt this Period _____ 500.00 <input type="checkbox"/> Memo Item CONTRIBUTION |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer PREFERRED COMPENSATION CORPORATIO | Occupation EXECUTIVE | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 500.00 | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) C. RONALD COLE | | Date of Receipt MM / DD / YYYY 06 / 15 / 2016 | |
| Mailing Address 45 ESOPUS AVE | | Transaction ID : SA11A.3437 | |
| City ULSTER PARK | State NY | Zip Code 12487- | Amount of Each Receipt this Period _____ 50.00 <input type="checkbox"/> Memo Item CONTRIBUTION |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer RETIRED | Occupation RETIRED | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 300.00 | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 1050.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

201607210200285690

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) MR. JOHN L. CUSHMAN | | Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2016 |
| Mailing Address 107 TRUBERG AVE | | Transaction ID : SA11A.3997 |
| City PATCHOGUE | State NY | |
| Zip Code 11772- | | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer INFORMATION REQUESTED PER BEST EFF | Occupation INFORMATION REQUESTED PER BEST EFF | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 300.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) TERESA DELANY | | Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2016 |
| Mailing Address 75 OLD ORCHARD ROAD | | Transaction ID : SA11A.3809 |
| City RIVERSIDE | State CT | |
| Zip Code 06878- | | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer HUGHES HUBBARD & REED LLP | Occupation ATTORNEY | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) PATRICIA LESLIE DESANCTIS | | Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2016 |
| Mailing Address 20916 NERINE CT | | Transaction ID : SA11A.3824 |
| City POTOMAC FALLS | State VA | |
| Zip Code 20165- | | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer INFORMATION REQUESTED PER BEST EFF | Occupation INFORMATION REQUESTED PER BEST EFF | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

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

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

A. Full Name (Last, First, Middle Initial)
HARMEET DHILLON

Mailing Address **1009 LOMBARD STREET**

City: **SAN FRANCISCO** State: **CA** Zip Code: **94109-**

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

Name of Employer: **DHILLON LAW GROUP, INC.** Occupation: **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **06 / 20 / 2016**

Transaction ID : **SA11A.3633**

Amount of Each Receipt this Period: **250.00**

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. BEVERLY A. DICKERSON

Mailing Address **3250 S FORT APACHE RD APT 127**

City: **LAS VEGAS** State: **NV** Zip Code: **89117-**

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

Name of Employer: **INFORMATION REQUESTED PER BEST EFF** Occupation: **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **300.00**

Date of Receipt: **06 / 09 / 2016**

Transaction ID : **SA11A.3692**

Amount of Each Receipt this Period: **200.00**

Memo Item CONTRIBUTION

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

Mailing Address **79 S. MAIN STREET, 3RD FLOOR**

City: **SALT LAKE CITY** State: **UT** Zip Code: **84111-**

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

Name of Employer: **GOLDENER HIRSCH INN** Occupation: **HOTELIER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **06 / 26 / 2016**

Transaction ID : **SA11A.3808**

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

Memo Item CONTRIBUTION

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

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

3150.00

201607210200285692

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) HOPE ECCLES | | Date of Receipt 06 / 26 / 2016 |
| Mailing Address 79 S. MAIN STREET, 3RD FLOOR | | Transaction ID : SA11A.3808_B2233 |
| City SALT LAKE CITY | State UT | Zip Code 84111- |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2700.00 |
| Name of Employer GOLDENER HIRSCH INN | Occupation HOTELIER | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 5400.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) MR. RICHARD L. FRANCIS | | Date of Receipt 06 / 22 / 2016 |
| Mailing Address 13114 PACIFIC ST | | Transaction ID : SA11A.3956 |
| City OMAHA | State NE | Zip Code 68154- |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer INFORMATION REQUESTED PER BEST EFF | Occupation INFORMATION REQUESTED PER BEST EFF | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) MR. KENNETH M. GIORDAN | | Date of Receipt 06 / 16 / 2016 |
| Mailing Address 13801 N GATE DR. | | Transaction ID : SA11A.3884 |
| City SILVER SPRING | State MD | Zip Code 20906- |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer N/A | Occupation RETIRED | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 225.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3350.00 |
| TOTAL This Period (last page this line number only)..... | |

201607210200285693

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) J. GRESS | | Date of Receipt MM / DD / YYYY 06 / 30 / 2016 |
| Mailing Address 2 STONE RIDGE RD | | Transaction ID : SA11A.3822 |
| City BREWSTER | State NY | Zip Code 10509- |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer INFORMATION REQUESTED PER BEST EFF | Occupation INFORMATION REQUESTED PER BEST EFF | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) CHRISTOPHER LANDAU | | Date of Receipt MM / DD / YYYY 06 / 24 / 2016 |
| Mailing Address 27 QUINCY STREET | | Transaction ID : SA11A.3629 |
| City CHEVY CHASE | State MD | Zip Code 20815- |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2700.00 |
| Name of Employer KIRKLAND & ELLIS LLP | Occupation ATTORNEY | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2700.00 | |

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) LEONARD A. LEO | | Date of Receipt MM / DD / YYYY 06 / 30 / 2016 |
| Mailing Address 6231 NELWAY DR. | | Transaction ID : SA11A.3817 |
| City MCLEAN | State VA | Zip Code 22101- |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer THE FEDERALIST SOCIETY | Occupation ATTORNEY | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5200.00 |
| TOTAL This Period (last page this line number only)..... | |

201607210200285694

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) MR. PIETER V. LITCHFIELD | | Date of Receipt MM / DD / YYYY 06 / 16 / 2016 |
| Mailing Address 46 FIELDSTONE DR. | | Transaction ID : SA11A.3893 |
| City GANSEVOORT | State NY | Zip Code 12831- |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer N/A | Occupation RETIRED | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) MR. RICHARD C. MARX | | Date of Receipt MM / DD / YYYY 06 / 29 / 2016 |
| Mailing Address P.O. BOX 440 | | Transaction ID : SA11A.3847 |
| City WAPPINGERS FALLS | State NY | Zip Code 12590- |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 125.00 |
| Name of Employer N/A | Occupation RETIRED | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) MR. FLOYD W. MCKINNON | | Date of Receipt MM / DD / YYYY 06 / 09 / 2016 |
| Mailing Address 2 STONY GATE OVAL | | Transaction ID : SA11A.3765 |
| City NEW ROCHELLE | State NY | Zip Code 10804-2539 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer COTSWORLD INDUSTRIES INC. | Occupation EXECUTIVE | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 625.00 |
| TOTAL This Period (last page this line number only)..... | |

201607210200285695

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 25 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) MR. WILLIAM A. MONTI | | Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2016 | |
| Mailing Address 215 HARDSCRABBLE RD | | Transaction ID : SA11A.3870 | |
| City NORTH SALEM | State NY | Zip Code 10560-1010 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 | |
| Name of Employer INFORMATION REQUESTED PER BEST EFF | Occupation INFORMATION REQUESTED PER BEST EFF | <input type="checkbox"/> Memo Item CONTRIBUTION | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 300.00 | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) MR. PAUL W. PEELER | | Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2016 | |
| Mailing Address 11649 LEOPARD ST STE 3 | | Transaction ID : SA11A.4029 | |
| City CORP CHRISTI | State TX | Zip Code 78410- | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer INFORMATION REQUESTED PER BEST EFF | Occupation INFORMATION REQUESTED PER BEST EFF | <input type="checkbox"/> Memo Item CONTRIBUTION | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 500.00 | |

| | | | |
|---|---------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) DAVID POLLIN | | Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2016 | |
| Mailing Address 6601 ELGIN LN | | Transaction ID : SA11A.3622 | |
| City BETHESDA | State MD | Zip Code 20817- | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer THE BUCCINI/POLLIN GROUP | Occupation HOTEL MANAGEMENT | <input type="checkbox"/> Memo Item CONTRIBUTION | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 1000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1550.00 |
| TOTAL This Period (last page this line number only) | |

201607210200285696

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

| | | |
|---|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 | <input type="checkbox"/> 11b <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c <input type="checkbox"/> 13b | <input type="checkbox"/> 11d <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

A. Full Name (Last, First, Middle Initial)
RANDAL QUARLES

Mailing Address 79 S. MAIN STREET, 3RD FLOOR

City State Zip Code
SALT LAKE CITY UT 84111-

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
THE CYNOSURE GROUP INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2016

Transaction ID : SA11A.3807

Amount of Each Receipt this Period
2700.00

Memo Item CONTRIBUTION

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

Mailing Address 79 S. MAIN STREET, 3RD FLOOR

City State Zip Code
SALT LAKE CITY UT 84111-

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
THE CYNOSURE GROUP INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2016

Transaction ID : SA11A.3807_B1455

Amount of Each Receipt this Period
2700.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARY T SCHMIDT ROTH

Mailing Address 255 RAYMOND ST

City State Zip Code
ROCKVILLE CENTRE NY 11570-

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2016

Transaction ID : SA11A.4003

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

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

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

5900.00

201607210200285697

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

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

FOR LINE NUMBER: PAGE 13 OF 25
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

A. Full Name (Last, First, Middle Initial)
HENRY SALZHAUER

Mailing Address **589 BROADWAY**

City **NYC** State **NY** Zip Code **10012-3231**

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

Name of Employer **BENJAMIN PARTNERS** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **06 / 21 / 2016**

Transaction ID : **SA11A.3635**

Amount of Each Receipt this Period **250.00**

Memo Item CONTRIBUTION

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

Mailing Address **589 BROADWAY**

City **NEW YORK** State **NY** Zip Code **10012-**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **06 / 21 / 2016**

Transaction ID : **SA11A.3634**

Amount of Each Receipt this Period **250.00**

Memo Item CONTRIBUTION

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

Mailing Address **930 BROWERS POINT BRANCH**

City **WOODMERE** State **NY** Zip Code **11598-**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **06 / 09 / 2016**

Transaction ID : **SA11A.2878**

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).....

201607210200285698

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 25 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) A. KENTON SKARIN | | Date of Receipt MM / DD / YYYY 06 / 20 / 2016 |
| Mailing Address 1611 W. YORK LN. | | Transaction ID : SA11A.3632 |
| City WHEATON | State IL | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer JONES DAY | Occupation ATTORNEY | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) B. | | Date of Receipt MM / DD / YYYY |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | | |
|---|------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Receipt MM / DD / YYYY |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional) | 250.00 |
| TOTAL This Period (last page this line number only) | 22675.00 |

201607210200285699

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 25 |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. BIG EYE DIRECT | | Date of Disbursement MM / DD / YYYY 06 / 15 / 2016 |
| Mailing Address 13860 REDSKIN DRIVE | | Amount of Each Disbursement this Period 5500.00 <input type="checkbox"/> Memo Item |
| City HERNDON | State VA | |
| Zip Code 20171 | Purpose of Disbursement DIRECT MAIL EXPENSE | Transaction ID : SB17.4577 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. CMDI | | Date of Disbursement MM / DD / YYYY 06 / 09 / 2016 |
| Mailing Address 1593 SPRING HILL ROAD #400 | | Amount of Each Disbursement this Period 75.01 <input type="checkbox"/> Memo Item |
| City VIENNA | State VA | |
| Zip Code 22182 | Purpose of Disbursement CREDIT CARD MERCHANT FEES | Transaction ID : SB17.4567 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. CMDI | | Date of Disbursement MM / DD / YYYY 06 / 16 / 2016 |
| Mailing Address 1593 SPRING HILL ROAD #400 | | Amount of Each Disbursement this Period 31.14 <input type="checkbox"/> Memo Item |
| City VIENNA | State VA | |
| Zip Code 22182 | Purpose of Disbursement CREDIT CARD MERCHANT FEES | Transaction ID : SB17.4578 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5606.15 |
| TOTAL This Period (last page this line number only)..... | |

201607210200285700

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 25 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CMDI | | Date of Disbursement |
| Mailing Address 1593 SPRING HILL ROAD #400 | | <input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2016"/> |
| City VIENNA | State VA | Zip Code 22182 |
| Purpose of Disbursement CREDIT CARD MERCHANT FEES | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="231.91"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4580 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CMDI | | Date of Disbursement |
| Mailing Address 1593 SPRING HILL ROAD #400 | | <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2016"/> |
| City VIENNA | State VA | Zip Code 22182 |
| Purpose of Disbursement DATA MANAGEMENT SERVICES | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="1500.00"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4581 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CMDI | | Date of Disbursement |
| Mailing Address 1593 SPRING HILL ROAD #400 | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2016"/> |
| City VIENNA | State VA | Zip Code 22182 |
| Purpose of Disbursement CREDIT CARD MERCHANT FEES | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="238.99"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4584 |
| State: District: | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional)..... | <input type="text" value="1970.90"/> |
| TOTAL This Period (last page this line number only)..... | <input type="text"/> |

201607210200285701

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 25 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. COLORTREE GROUP INC | | Date of Disbursement MM / DD / YYYY 06 / 09 / 2016 |
| Mailing Address 8000 VILLA DRIVE | | Amount of Each Disbursement this Period 1665.00 <input type="checkbox"/> Memo Item |
| City RICHMOND | State VA Zip Code 23228 | |
| Purpose of Disbursement DIRECT MAIL EXPENSE | Candidate Name | Transaction ID : SB17.4568 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. DONOR BUREAU LLC | | Date of Disbursement MM / DD / YYYY 06 / 09 / 2016 |
| Mailing Address 1900 N CULPEPER STREET | | Amount of Each Disbursement this Period 326.20 <input type="checkbox"/> Memo Item |
| City ARLINGTON | State VA Zip Code 22207 | |
| Purpose of Disbursement DIRECT MAIL EXPENSE | Candidate Name | Transaction ID : SB17.4569 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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. FULFILLMENT HOUSE INC | | Date of Disbursement MM / DD / YYYY 06 / 09 / 2016 |
| Mailing Address 22630 DULLES SUMMIT CT. #190 | | Amount of Each Disbursement this Period 785.04 <input type="checkbox"/> Memo Item |
| City STERLING | State VA Zip Code 20166 | |
| Purpose of Disbursement DIRECT MAIL EXPENSE | Candidate Name | Transaction ID : SB17.4570 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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)..... | 2776.24 |
| TOTAL This Period (last page this line number only)..... | |

201607210200285702

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 25 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. HSP DIRECT | | Date of Disbursement 06 / 09 / 2016 |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA #300 | | Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Memo Item |
| City ASHBURN State VA Zip Code 20147 | Purpose of Disbursement DIRECT MAIL EXPENSE | |
| Candidate Name | Category/Type | Transaction ID : SB17.4571 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. INTUIT/QUICKBOOKS | | Date of Disbursement 06 / 27 / 2016 |
| Mailing Address 2675 COAST AVENUE | | Amount of Each Disbursement this Period 18.86 <input type="checkbox"/> Memo Item |
| City MOUNTAIN VIEW State CA Zip Code 94043 | Purpose of Disbursement ACCOUNTING SOFTWARE | |
| Candidate Name | Category/Type | Transaction ID : SB17.4582 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> 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. NOVA LIST COMPANY | | Date of Disbursement 06 / 09 / 2016 |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA #300 | | Amount of Each Disbursement this Period 282.30 <input type="checkbox"/> Memo Item |
| City ASHBURN State VA Zip Code 20147 | Purpose of Disbursement LIST RENTAL EXPENSE | |
| Candidate Name | Category/Type | Transaction ID : SB17.4572 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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)..... | 3301.16 |
| TOTAL This Period (last page this line number only)..... | |

201607210200285703

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 25 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC | | Date of Disbursement |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA #300 | | MM / DD / YYYY 06 / 09 / 2016 |
| City ASHBURN | State VA | Zip Code 20147 |
| Purpose of Disbursement POSTAGE | Category/ Type | Amount of Each Disbursement this Period 7775.27 |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4573 |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC | | Date of Disbursement |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA #300 | | MM / DD / YYYY 06 / 22 / 2016 |
| City ASHBURN | State VA | Zip Code 20147 |
| Purpose of Disbursement POSTAGE | Category/ Type | Amount of Each Disbursement this Period 5500.00 |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4579 |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC | | Date of Disbursement |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA #300 | | MM / DD / YYYY 06 / 29 / 2016 |
| City ASHBURN | State VA | Zip Code 20147 |
| Purpose of Disbursement POSTAGE | Category/ Type | Amount of Each Disbursement this Period 1146.39 |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4583 |
| State: District: | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 14421.66 |
| TOTAL This Period (last page this line number only)..... | |

201607210200285704

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

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 25 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

| | | | |
|--|--|--|----------------------------|
| Full Name (Last, First, Middle Initial) A. SUNRISE DATA SERVICES | | Date of Disbursement MM / DD / YYYY 06 / 09 / 2016 | |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA #300 | | Amount of Each Disbursement this Period 400.00 | |
| City ASHBURN State VA Zip Code 20147 | Purpose of Disbursement LIST RENTAL EXPENSE | <input type="checkbox"/> Memo Item | Transaction ID : SB17.4574 |
| 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) | Category/Type | |

| | | | |
|--|--|--|----------------------------|
| Full Name (Last, First, Middle Initial) B. TRI-STATE ENVELOPE CORP. | | Date of Disbursement MM / DD / YYYY 06 / 09 / 2016 | |
| Mailing Address PO BOX 443 | | Amount of Each Disbursement this Period 732.67 | |
| City BELTSVILLE State MD Zip Code 20704 | Purpose of Disbursement DIRECT MAIL EXPENSE | <input type="checkbox"/> Memo Item | Transaction ID : SB17.4575 |
| 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) | Category/Type | |

| | | | |
|--|--|--|----------------------------|
| Full Name (Last, First, Middle Initial) C. WASHINGTON INTELLIGENCE BUREAU | | Date of Disbursement MM / DD / YYYY 06 / 09 / 2016 | |
| Mailing Address 4128 PEPSI PLACE | | Amount of Each Disbursement this Period 250.00 | |
| City CHANTILLY State VA Zip Code 20151 | Purpose of Disbursement POSTAGE | <input type="checkbox"/> Memo Item | Transaction ID : SB17.4576 |
| 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) | Category/Type | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1382.67 |
| TOTAL This Period (last page this line number only)..... | 29458.78 |

201607210200285705

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Wendy Long 2016, inc.

Transaction ID : SA.291999

LOAN SOURCE Full Name (Last, First, Middle Initial) *PERSONAL FUNDS* Memo Item
WENDY S. LONG

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
C/O WENDY LONG 2016 INC
1350 CHAIN BRIDGE ROAD #515

City State ZIP Code
MCLEAN VA 22101

LOAN FROM PERSONAL FUNDS

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 30200.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 30200.00 |
|-------------------------------------|------------------------------------|---|

TERMS

Date Incurred: M 03 / D 08 / Y 2016
Date Due: M 12 / D 31 / Y 2016
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional)... | 30200.00 |
| TOTALS This Period (last page in this line only)... | 30200.00 |

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

201607210200285706

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Wendy Long 2016, inc.

| | | |
|---|--------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BIG EYE DIRECT | | Nature of Debt (Purpose): DIRECT MAIL EXPENSE |
| Mailing Address 13860 REDSKIN DR | | |
| City State HERNDON VA | Zip Code 20171 | |

| | | |
|--|------------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD1 | |
| Amount Incurred This Period 2460.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2460.00 |

| | | |
|--|--------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor COLORTREE GROUP INC | | Nature of Debt (Purpose): DIRECT MAIL EXPENSE |
| Mailing Address 8000 VILLA DR | | |
| City State RICHMOND VA | Zip Code 23228 | |

| | | |
|--|------------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD2 | |
| Amount Incurred This Period 6603.44 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 6603.44 |

| | | |
|---|--------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DONOR BUREAU | | Nature of Debt (Purpose): DIRECT MAIL EXPENSE |
| Mailing Address 1900 N CULPEPER STREET | | |
| City State ARLINGTON VA | Zip Code 22207 | |

| | | |
|--|------------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD3 | |
| Amount Incurred This Period 1068.33 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1068.33 |

| | |
|---|-----------------|
| 1) SUBTOTALS This Period This Page (optional) ... | 10131.77 |
| 2) TOTALS This Period (last page this line number only) ... | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

201607210200285707

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

Wendy Long 2016, inc.

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HSP DIRECT | Nature of Debt (Purpose): DIRECT MAIL EXPENSE |
| Mailing Address 20130 LAKEVIEW CENTER PLZ #300 | |
| City State Zip Code ASHBURN VA 20147 | |

| | |
|---|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD4 |
| Amount Incurred This Period 13000.00 | Outstanding Balance at Close of This Period 13000.00 |
| Payment This Period 0.00 | |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDI IMAGING & MAIL | Nature of Debt (Purpose): DIRECT MAIL EXPENSE |
| Mailing Address 21955 CASCADES PKWY | |
| City State Zip Code STERLING VA 20156 | |

| | |
|---|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD5 |
| Amount Incurred This Period 3947.30 | Outstanding Balance at Close of This Period 3947.30 |
| Payment This Period 0.00 | |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NOVA LIST | Nature of Debt (Purpose): DIRECT MAIL EXPENSE |
| Mailing Address 20130 LAKEVIEW CENTER PLZ #300 | |
| City State Zip Code ASHBURN VA 20147 | |

| | |
|---|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD6 |
| Amount Incurred This Period 12753.78 | Outstanding Balance at Close of This Period 12753.78 |
| Payment This Period 0.00 | |

| | |
|---|----------|
| 1) SUBTOTALS This Period This Page (optional) ... | 29701.08 |
| 2) TOTALS This Period (last page this line number only) ... | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

201607210200285708

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Wendy Long 2016, inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
POSTAGE FOR DIRECT MAIL FUNDRAISING LLC

Nature of Debt (Purpose):
DIRECT MAIL EXPENSE

Mailing Address **20130 LAKEVIEW CENTER PLZ #300**

City State Zip Code
ASHBURN VA 20147

Outstanding Balance Beginning This Period
0.00

Transaction ID : **SD7**

Amount Incurred This Period
7497.45

Payment This Period
0.00

Outstanding Balance at Close of This Period
7497.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SUNRISE DATA SERVICES

Nature of Debt (Purpose):
DIRECT MAIL EXPENSE

Mailing Address **20130 LAKEVIEW CENTER PLZ #300**

City State Zip Code
ASHBURN VA 20147

Outstanding Balance Beginning This Period
0.00

Transaction ID : **SD8**

Amount Incurred This Period
1755.00

Payment This Period
0.00

Outstanding Balance at Close of This Period
1755.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TRI-STATE ENVELOPE CORP.

Nature of Debt (Purpose):
DIRECT MAIL EXPENSE

Mailing Address **PO BOX 443**

City State Zip Code
BELTSVILLE MD 20704

Outstanding Balance Beginning This Period
0.00

Transaction ID : **SD9**

Amount Incurred This Period
842.91

Payment This Period
0.00

Outstanding Balance at Close of This Period
842.91

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

10095.36

842.91

842.91

201607210200285709

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Wendy Long 2016, inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WASHINGTON INTELLIGENCE BUREAU

Nature of Debt (Purpose):
DIRECT MAIL EXPENSE

Mailing Address **4128 PEPSI PLACE**

City State Zip Code
CHANTILLY VA 20151

Outstanding Balance Beginning This Period
0.00

Transaction ID : **SD10**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1096.45

0.00

1096.45

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

1096.45

2) **TOTALS** This Period (last page this line number) ...

51024.66

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...

30200.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

81224.66

201607210200285710

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WASHINGTON DC 20013-8578

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EP14F Apr 2015

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OFFICE OF PUBLIC RECORDS

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Postmark

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| UPS | _____ | <input type="checkbox"/> |
| DHL | _____ | <input type="checkbox"/> |
| AIRBORNE EXPRESS | _____ | <input type="checkbox"/> |

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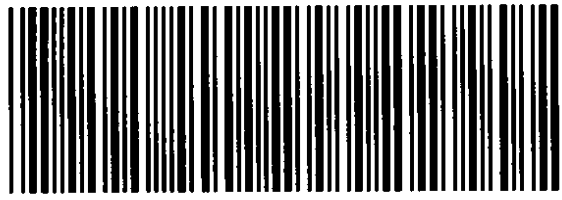
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FAX _____
Date of Receipt

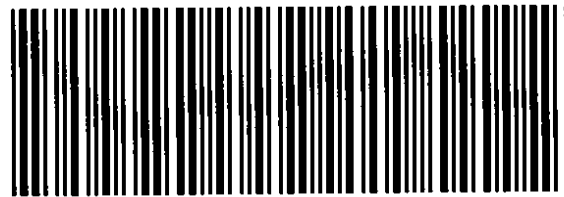
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Date of Receipt or Postmark

PREPARER MH DATE PREPARED 07/19/16

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SEN PATCH



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