

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Thomas Massie for Congress

ADDRESS (number and street) PO Box 821 Check if different than previously reported. (ACC) Newport KY 41072

2. FEC IDENTIFICATION NUMBER C C00509729 3. IS THIS REPORT NEW (N) OR AMENDED (A) KY 04

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X 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 through MM/DD/YYYY 07/01/2014 through 09/30/2014

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

Type or Print Name of Treasurer Kevin Broghamer

Signature of Treasurer Kevin Broghamer [Electronically Filed] Date MM/DD/YYYY 02/09/2015

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Thomas Massie for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	42345.82	620662.6
(b) Total Contribution Refunds (from Line 20(d))	24.76	1524.76
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	42321.06	619137.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	27129.56	397012.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	318.14	2094.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	26811.42	394918.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	265879.43	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Thomas Massie for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

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).....	25801	292618.88
(ii) Unitemized.....	794.82	50616.19
(iii) TOTAL of contributions from individuals ▶	26595.82	343235.07
(b) Political Party Committees.....	500	500
(c) Other Political Committees (such as PACs).....	15250	276927.53
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	42345.82	620662.6
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	10960.36	10960.36
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	318.14	2094.41
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	53624.32	633717.37

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27129.56	397012.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	25000	80000
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	25000	80000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	24.76	1524.76
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	24.76	1524.76
21. OTHER DISBURSEMENTS	11000	35510
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	63154.32	514047.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	275409.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	53624.32
25. SUBTOTAL (add Line 23 and Line 24).....	329033.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	63154.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	265879.43

**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 47
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Carleen E Brophy

Mailing Address **PO Box 1185**

City **Jackson** State **WY** Zip Code **83001-1185**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A-CF6147

Amount of Each Receipt this Period
2000

B. Full Name (Last, First, Middle Initial)
Conway G Ivy

Mailing Address **PO Box 1408**

City **Beaufort** State **SC** Zip Code **29901-1408**

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

Name of Employer **Self-Employed** Occupation **Investor**

Receipt For: 2012
 Primary General
 Other (specify) **Debt Retirement**

Election Cycle-to-Date **2487.62**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A-CF6145

Amount of Each Receipt this Period
2500
 <<\$12.38 Refund Issued 8/5/2014

C. Full Name (Last, First, Middle Initial)
Conway G Ivy

Mailing Address **PO Box 1408**

City **Beaufort** State **SC** Zip Code **29901-1408**

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

Name of Employer **Self-Employed** Occupation **Investor**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A-CF6146

Amount of Each Receipt this Period
2600

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

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

7100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 47
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Diane E Ivy

Mailing Address **PO Box 1408**

City **Beaufort** State **SC** Zip Code **29901-1408**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2012
 Primary General
 Other (specify) **Debt Retirement**

Election Cycle-to-Date
2487.62

Date of Receipt
 M M / D D / Y Y Y Y
07 / 25 / 2014

Transaction ID : A-CF6143

Amount of Each Receipt this Period
2500
 <<\$12.38 Refund Issued 8/5/2014

B. Full Name (Last, First, Middle Initial)
Diane E Ivy

Mailing Address **PO Box 1408**

City **Beaufort** State **SC** Zip Code **29901-1408**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y
07 / 25 / 2014

Transaction ID : A-CF6144

Amount of Each Receipt this Period
2600

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

Mailing Address **PO Box 997**

City **Half Moon Bay** State **CA** Zip Code **94019-0997**

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

Name of Employer **Zivity** Occupation **Executive**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
 M M / D D / Y Y Y Y
08 / 13 / 2014

Transaction ID : A-IF6259

Amount of Each Receipt this Period
2000
 Inkind: Catering

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

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

7100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 47
	<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)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Greg Tseng

Mailing Address 3750 Market Street

City San Francisco State CA Zip Code 94131-3373

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

Name of Employer Tagged Inc. Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 13 / 2014

Transaction ID : A-CF6199

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
John J Agliatoro

Mailing Address 182 Tavistock Lane

City Haddonfield State NJ Zip Code 08033-3602

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

Name of Employer Cybex International Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : A-MCNF106

Amount of Each Receipt this Period
2600

Reattribution to spouse
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Joan P Carter

Mailing Address 182 Tavistock Lane

City Haddonfield State NJ Zip Code 08033-3602

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

Name of Employer UM Holdings Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : A-CF6201

Amount of Each Receipt this Period
5200

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 47
	<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)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Joan P Carter

Mailing Address 182 Tavistock Lane

City Haddonfield State NJ Zip Code 08033-3602

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

Name of Employer UM Holdings Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : A-MCNF105

Amount of Each Receipt this Period
-2600

Reattribution from spouse

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
James Douglas Mory

Mailing Address 14005 Hickory Ridge Road

City Louisville State KY Zip Code 40245-5176

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

Name of Employer DeCammilis & Mattingly Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : A-CF6203

Amount of Each Receipt this Period
250

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

Mailing Address 20 W 11th Street Suite 200

City Covington State KY Zip Code 41011-4112

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

Name of Employer Self-Employed Occupation Entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2501**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 18 / 2014

Transaction ID : A-CF6290

Amount of Each Receipt this Period
1

SUBTOTAL of Receipts This Page (optional).....	251.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 47
	<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)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Gale Cox

Mailing Address 7514 Sunset Lane

City State Zip Code
Crestwood KY 40014-8928

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

Name of Employer Occupation
Self-Employed Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : A-CF6269

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
David Scott Cremisi

Mailing Address 9909 Glen Vista Drive

City State Zip Code
Prospect KY 40059-8546

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

Name of Employer Occupation
UPS Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : A-CF6268

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Ordie L Day II

Mailing Address 15216 Champion Lakes Place

City State Zip Code
Louisville KY 40245-5277

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

Name of Employer Occupation
Self-Employed Oral Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : A-CF6266

Amount of Each Receipt this Period
250

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 47
	<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)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Jennifer B Doering

Mailing Address 18 Mitchell Hill

City State Zip Code
Fort Thomas KY 41075-1267

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

Name of Employer Occupation
Chas Seligman General Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : A-CF6265

Amount of Each Receipt this Period
500

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

Mailing Address 16001 Collins Avenue
Apt. 3507

City State Zip Code
Sunny Isles Beach FL 33160-5547

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

Name of Employer Occupation
DURO Bag Manufacturing Compa President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : A-CF6264

Amount of Each Receipt this Period
2600

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

Mailing Address 6040 Bellingham Avenue

City State Zip Code
North Hollywood CA 91606-4604

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

Name of Employer Occupation
Western Federal Credit Union Compliance Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : A-CF6292

Amount of Each Receipt this Period
550

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

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

3650.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 11 OF 47

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Carla Mora

Mailing Address 48 Westville Road
 Unit 4-2

City State Zip Code
 Plaistow NH 03865-2953

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

Name of Employer Occupation
 MA Weatherbie & Co Inc Executive Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : A-CF6278

Amount of Each Receipt this Period
 250

B. Full Name (Last, First, Middle Initial)
Joseph O'Brien

Mailing Address 1150 Conner Station Road

City State Zip Code
 Simpsonville KY 40067-7615

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

Name of Employer Occupation
 Ashlyn Farms, LLC Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : A-CF6279

Amount of Each Receipt this Period
 1000

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1250.00

25801.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 47
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Republican Party Of Spencer County

Mailing Address 2906 Little Union Road

City State Zip Code
Taylorsville KY 40071-9065

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 09 2014

Transaction ID : A-CF6185

Amount of Each Receipt this Period
500

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 47	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. National Stone, Sand & Gravel Association ROCKPAC

Full Name (Last, First, Middle Initial)
Mailing Address 1605 King Street

City Alexandria State VA Zip Code 22314-2726

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt
08 / 09 / 2014

Transaction ID : A-CF6184

Amount of Each Receipt this Period
1000

B. AT&T Inc. Federal PAC

Full Name (Last, First, Middle Initial)
Mailing Address 208 S Akard Street Suite 2701

City Dallas State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7000**

Date of Receipt
09 / 25 / 2014

Transaction ID : A-CF6275

Amount of Each Receipt this Period
2000

C. DRS Technologies Inc. Good Government Fund

Full Name (Last, First, Middle Initial)
Mailing Address 2345 Crystal Drive Suite 915

City Arlington State VA Zip Code 22202-4802

FEC ID number of contributing federal political committee. **C C00275123**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt
09 / 25 / 2014

Transaction ID : A-CF6274

Amount of Each Receipt this Period
1000

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 47
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. National Association Of Realtors PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 N Michigan Avenue
 City Chicago State IL Zip Code 60611-4011
 FEC ID number of contributing federal political committee. **C** C00030718
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 3000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : A-CF6273
 Amount of Each Receipt this Period
 1000

B. National Beer Wholesalers Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 King Street Suite 600
 City Alexandria State VA Zip Code 22314-2965
 FEC ID number of contributing federal political committee. **C** C00144766
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 6500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : A-CF6271
 Amount of Each Receipt this Period
 1500

C. Automotive Free International Trade PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1625 Prince Street Suite 225
 City Alexandria State VA Zip Code 22314-2882
 FEC ID number of contributing federal political committee. **C** C00250399
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 5000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : A-CF6280
 Amount of Each Receipt this Period
 5000

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 47
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Hardwood Federation PAC, Inc

Mailing Address 1111 19th Street NW
Suite 800

City Washington State DC Zip Code 20036-3652

FEC ID number of contributing federal political committee. **C** C00396671

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : A-CF6281

Amount of Each Receipt this Period
1000

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

Mailing Address 600 14th Street NW
Suite 800

City Washington State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : A-CF6282

Amount of Each Receipt this Period
2000

C. Full Name (Last, First, Middle Initial)
Reusable Industrial Packaging Association PAC

Mailing Address 51 Monroe Street
Suite 812

City Rockville State MD Zip Code 20850-2402

FEC ID number of contributing federal political committee. **C** C00494054

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : A-CF6283

Amount of Each Receipt this Period
750

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

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

3750.00

15250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 47
	<input type="checkbox"/> 11a <input checked="" 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)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Lee Cruz Massie & Schweikert Victory Committee

Mailing Address 815 Brazos Street
Suite A PMB 550

City Austin State TX Zip Code 78701-2514

FEC ID number of contributing federal political committee. **C** C00565473

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10960.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : A-TF6284

Amount of Each Receipt this Period
10960.36

Transfer of Joint Fundraising Proceeds

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

Mailing Address 812 Park Avenue

City New York State NY Zip Code 10021-2759

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : A-TIP17

Amount of Each Receipt this Period
1250

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

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

Mailing Address 9804 Moon Valley Place

City Las Vegas State NV Zip Code 89134-6738

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : A-TIP7

Amount of Each Receipt this Period
250

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

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

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

10960.36

**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 17 OF 47
	<input type="checkbox"/> 11a <input checked="" 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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Bobby Haynes		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 791 Baker Road		Transaction ID : A-TIP8
City Smyrna	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000
Name of Employer Tennessee Ind. Electronics	Occupation Business Owner	Reattribution Requested
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000	[MEMO ITEM] Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

Full Name (Last, First, Middle Initial) B. J. Andrew Hagelin		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 4572 25th Road N		Transaction ID : A-TIP10
City Arlington	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500
Name of Employer Department of Defense	Occupation Policy Analyst	Transfer of Joint Fundraising Proceeds
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500	[MEMO ITEM] Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

Full Name (Last, First, Middle Initial) C. Karen A McQuillan		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 1400 Queens Lane		Transaction ID : A-TIP11
City Jackson	State WY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250
Name of Employer Information Requested	Occupation Information Requested	Transfer of Joint Fundraising Proceeds
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250	[MEMO ITEM] Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 47
	<input type="checkbox"/> 11a <input checked="" 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)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
John M McQuillan

Mailing Address 1400 Queens Lane

City Jackson State WY Zip Code 83001-9261

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

Name of Employer Triumvirate Environmental In Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : A-TIP12

Amount of Each Receipt this Period
250

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

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

Mailing Address 812 Park Avenue

City New York State NY Zip Code 10021-2759

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

Name of Employer Goldman Capital Management Occupation Money Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : A-TIP16

Amount of Each Receipt this Period
1250

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

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

Mailing Address 254 E 68th Street

City New York State NY Zip Code 10065-6012

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

Name of Employer Emcor Securities Occupation VP of Marketing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : A-TIP3

Amount of Each Receipt this Period
250

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 47
	<input type="checkbox"/> 11a <input checked="" 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)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Carl Holst-Hnudsen

Mailing Address 4931 Bonita Bay Boulevard

City: Bonita Springs State: FL Zip Code: 34134-1705

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

Name of Employer: Thomas Publishing Company Occupation: Administration

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **250**

Date of Receipt: 09 / 30 / 2014

Transaction ID : A-TIP4

Amount of Each Receipt this Period: **250**

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

B. Full Name (Last, First, Middle Initial)
Georgaynnr Holst-Hnudsen

Mailing Address 4931 Bonita Bay Boulevard

City: Bonita Springs State: FL Zip Code: 34134-1705

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

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **250**

Date of Receipt: 09 / 30 / 2014

Transaction ID : A-TIP5

Amount of Each Receipt this Period: **250**

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

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

Mailing Address 9804 Moon Valley Place

City: Las Vegas State: NV Zip Code: 89134-6738

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

Name of Employer: Edvisors Network Occupation: Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **250**

Date of Receipt: 09 / 30 / 2014

Transaction ID : A-TIP6

Amount of Each Receipt this Period: **250**

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 47
	<input type="checkbox"/> 11a <input checked="" 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)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Carleen E Brophy

Mailing Address **PO Box 1185**

City **Jackson** State **WY** Zip Code **83001-1185**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : A-TIP13

Amount of Each Receipt this Period
600

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

B. Full Name (Last, First, Middle Initial)
David Richard Masson

Mailing Address **PO Box 1269**

City **Versailles** State **KY** Zip Code **40383-5269**

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

Name of Employer **Golden Age Farm** Occupation **Farmer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : A-TIP15

Amount of Each Receipt this Period
1350

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

C. Full Name (Last, First, Middle Initial)
Horton S Spitzer

Mailing Address **PO Box 1307**

City **Wilson** State **WY** Zip Code **83014-1307**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : A-TIP9

Amount of Each Receipt this Period
250

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 47
	<input type="checkbox"/> 11a <input checked="" 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)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Scott Banister

Mailing Address **PO Box 997**

City **Half Moon Bay** State **CA** Zip Code **94019-0997**

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

Name of Employer **Self-Employed** Occupation **Startup Consultant**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : A-TIP14

Amount of Each Receipt this Period
1250

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Lee Cruz Massie & Schweikert Victory Committee (9/30/2014)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

10960.36

**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 23 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Chase Bank			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 270 Park Avenue Floor 12			Amount of Each Disbursement this Period 50	
City New York	State NY	Zip Code 10017	Transaction ID : B-E-6128	
Purpose of Disbursement Bank Fee		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) B. Aristotle International, Inc			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 650	
City Washington	State DC	Zip Code 20003-1164	Transaction ID : B-E-6136	
Purpose of Disbursement Compliance Software		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) c. Hank's Oyster Bar			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 1624 Q Street NW			Amount of Each Disbursement this Period 180.9	
City Washington	State DC	Zip Code 20009-6354	Transaction ID : B-E-6137	
Purpose of Disbursement Food/Beverage		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

SUBTOTAL of Disbursements This Page (optional) 880.90
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Paycor Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 40 Transaction ID : B-E-6135
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Service	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Amazon.com Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 410 Terry Avenue N		Amount of Each Disbursement this Period 170.43 Transaction ID : B-E-6138
City Seattle	State WA Zip Code 98109-5210	
Purpose of Disbursement Office Equipment	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 81.87 Transaction ID : B-E-6134
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Food/Beverage	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	292.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 613.2 Transaction ID : B-E-6149
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 233 S Wacker Drive		Amount of Each Disbursement this Period 284.1 Transaction ID : B-E-6150
City Chicago	State IL	
Zip Code 60606-7147	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 233 S Wacker Drive		Amount of Each Disbursement this Period 231.1 Transaction ID : B-E-6151
City Chicago	State IL	
Zip Code 60606-7147	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1128.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 253.6 Transaction ID : B-E-6153
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FastSigns		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 8158 Mall Road		Amount of Each Disbursement this Period 795 Transaction ID : B-E-6152
City Florence	State KY	
Zip Code 41042-1414	Purpose of Disbursement Printing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 4000 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 287.6 Transaction ID : B-E-6154
City Phoenix	State AZ	
Zip Code 85034-3802	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1336.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Amazon.com Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 410 Terry Avenue N		Amount of Each Disbursement this Period 52.18 Transaction ID : B-E-6155
City Seattle	State WA	
Zip Code 98109-5210	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Amazon.com Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 410 Terry Avenue N		Amount of Each Disbursement this Period 14.01 Transaction ID : B-E-6156
City Seattle	State WA	
Zip Code 98109-5210	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Broghamer Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 2579.99 Transaction ID : B-E-6110
City Newport	State KY	
Zip Code 41071-2006	Purpose of Disbursement Compliance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2646.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. District City Consulting			Date of Disbursement MM / DD / YYYY 07 / 24 / 2014
Mailing Address 1217 Delafield Place NW			Amount of Each Disbursement this Period 3325.44 Transaction ID : B-E-6108
City Washington	State DC	Zip Code 20011-4417	
Purpose of Disbursement Finance Consulting		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Two By 2000, Inc			Date of Disbursement MM / DD / YYYY 07 / 24 / 2014
Mailing Address PO Box 51			Amount of Each Disbursement this Period 168.68 Transaction ID : B-E-6133
City Ashland	State KY	Zip Code 41105-0051	
Purpose of Disbursement Printing		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. MailChimp			Date of Disbursement MM / DD / YYYY 07 / 28 / 2014
Mailing Address 512 Means Street NW Suite 404			Amount of Each Disbursement this Period 80 Transaction ID : B-E-6165
City Atlanta	State GA	Zip Code 30318-5788	
Purpose of Disbursement Software		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	3574.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Hotels.Com		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 10440 N Central Expressway Suite 400		Amount of Each Disbursement this Period 630.42 Transaction ID : B-E-6163
City Dallas State TX Zip Code 75231-2228	Purpose of Disbursement Travel 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Hank's Oyster Bar		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 1624 Q Street NW		Amount of Each Disbursement this Period 127.8 Transaction ID : B-E-6162
City Washington State DC Zip Code 20009-6354	Purpose of Disbursement Food/Beverage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period 3.51 Transaction ID : B-E-6139
City San Francisco State CA Zip Code 94105-3727	Purpose of Disbursement Credit Card Merchant Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	761.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94105-3727	Purpose of Disbursement Credit Card Merchant Fee	Transaction ID : B-E-6172
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 475 Lenfant Plaza SW Room 4012		Amount of Each Disbursement this Period 9.8
City Washington	State DC	
Zip Code 20260-0004	Purpose of Disbursement Postage	Transaction ID : B-E-6161
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Chase Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 270 Park Avenue Floor 12		Amount of Each Disbursement this Period 50
City New York	State NY	
Zip Code 10017	Purpose of Disbursement Bank Fee	Transaction ID : B-E-6159
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... 60.83
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Broghamer Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 2027.07 Transaction ID : B-E-6179
City Newport	State KY	
Zip Code 41071-2006	Purpose of Disbursement Compliance Consulting	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Discountmugs.Com		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 12610 NW 115th Avenue		Amount of Each Disbursement this Period 340 Transaction ID : B-E-6198
City Medley	State FL	
Zip Code 33178-3178	Purpose of Disbursement Printing	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Epic Roasthouse		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 369 The Embarcadero		Amount of Each Disbursement this Period 1750 Transaction ID : B-E-6197
City San Francisco	State CA	
Zip Code 94105-1265	Purpose of Disbursement Catering	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4117.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Cyan Banister		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address PO Box 997		Amount of Each Disbursement this Period 2000 Transaction ID : B-I-6259
City Half Moon Bay	State CA	
Zip Code 94019-0997	Purpose of Disbursement Inkind: Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 25 Transaction ID : B-E-6194
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Paycor Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 43.5 Transaction ID : B-E-6190
City Cincinnati	State OH	
Zip Code 45203-1734	Purpose of Disbursement Payroll Service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2068.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. GoGo		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 1250 N Arlington Heights Road Suite 50		Amount of Each Disbursement this Period 10
City Itasca State IL Zip Code 60143-1286	Purpose of Disbursement Travel	
Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-6216
State: District:		

Full Name (Last, First, Middle Initial) B. Marriott Hotels		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 600 Unicorn Park Drive		Amount of Each Disbursement this Period 454.71
City Woburn State MA Zip Code 01801-3376	Purpose of Disbursement Travel	
Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-6208
State: District:		

Full Name (Last, First, Middle Initial) C. Marriott Hotels		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 600 Unicorn Park Drive		Amount of Each Disbursement this Period 379.76
City Woburn State MA Zip Code 01801-3376	Purpose of Disbursement Travel	
Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-6209
State: District:		

SUBTOTAL of Disbursements This Page (optional) 844.47
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Marriott Hotels		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 600 Unicorn Park Drive		Amount of Each Disbursement this Period 11.65 Transaction ID : B-E-6210
City Woburn	State MA	
Zip Code 01801-3376	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Marriott Hotels		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 600 Unicorn Park Drive		Amount of Each Disbursement this Period 10 Transaction ID : B-E-6211
City Woburn	State MA	
Zip Code 01801-3376	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Marriott Hotels		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 600 Unicorn Park Drive		Amount of Each Disbursement this Period 4.5 Transaction ID : B-E-6215
City Woburn	State MA	
Zip Code 01801-3376	Purpose of Disbursement Food/Beverage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	26.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 233 S Wacker Drive		Amount of Each Disbursement this Period 433.1 Transaction ID : B-E-6217
City Chicago	State IL Zip Code 60606-7147	
Purpose of Disbursement Travel	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 4000 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 25 Transaction ID : B-E-6212
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Marriott Hotels		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address 600 Unicorn Park Drive		Amount of Each Disbursement this Period 215.69 Transaction ID : B-E-6224
City Woburn	State MA Zip Code 01801-3376	
Purpose of Disbursement Travel	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	673.79
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Miyako		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 2511 Ritchie Street		Amount of Each Disbursement this Period 999,999.99 100.38
City Crescent Springs	State KY	
Zip Code 41017-1609		
Purpose of Disbursement Food/Beverage		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. 4 Imprint		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address 101 Commerce Street		Amount of Each Disbursement this Period 999,999.99 277.41
City Oshkosh	State WI	
Zip Code 54901-4864		
Purpose of Disbursement Printing		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 999,999.99 314.06
City Washington	State DC	
Zip Code 20003-1801		
Purpose of Disbursement Food/Beverage		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	999,999.99 691.85
TOTAL This Period (last page this line number only).....	999,999.99

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. MailChimp		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address 512 Means Street NW Suite 404		Amount of Each Disbursement this Period 80 Transaction ID : B-E-6236
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Software 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. District City Consulting		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address 1217 Delafield Place NW		Amount of Each Disbursement this Period 2500 Transaction ID : B-E-6186
City Washington State DC Zip Code 20011-4417	Purpose of Disbursement Finance Consulting 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. J.R. Reed		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address 41 Madden Street		Amount of Each Disbursement this Period 82.32 Transaction ID : B-E-6200
City Greenup State KY Zip Code 41144-6772	Purpose of Disbursement Mileage Reimbursement 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2662.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. J.R. Reed		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 41 Madden Street		Amount of Each Disbursement this Period 82.32
City Greenup State KY Zip Code 41144-6772	Purpose of Disbursement Mileage Reimbursement	
Candidate Name	Category/Type	Transaction ID : B-S-82
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		[MEMO ITEM] Subitemization of J.R. Reed(08/28/14)

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 475 Lenfant Plaza SW Room 4012		Amount of Each Disbursement this Period 20.48
City Washington State DC Zip Code 20260-0004	Purpose of Disbursement Postage	
Candidate Name	Category/Type 001	Transaction ID : B-E-6237
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2014
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period 5.02
City San Francisco State CA Zip Code 94105-3727	Purpose of Disbursement Credit Card Merchant Fee	
Candidate Name	Category/Type 001	Transaction ID : B-E-6189
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	25.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Chase Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 270 Park Avenue Floor 12		Amount of Each Disbursement this Period 96.00 Transaction ID : B-E-6245
City New York	State NY	
Zip Code 10017	Purpose of Disbursement Bank Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 475 Lenfant Plaza SW Room 4012		Amount of Each Disbursement this Period 6.00 Transaction ID : B-E-6246
City Washington	State DC	
Zip Code 20260-0004	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Paycor Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 40.00 Transaction ID : B-E-6260
City Cincinnati	State OH	
Zip Code 45203-1734	Purpose of Disbursement Payroll Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	96.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Broghamer Consulting LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 502 Monroe Street			Amount of Each Disbursement this Period 2008.26	
City Newport	State KY	Zip Code 41071-2006	Transaction ID : B-E-6285	
Purpose of Disbursement Compliance Consulting		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Aristotle International, Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 1300	
City Washington	State DC	Zip Code 20003-1164	Transaction ID : B-E-6261	
Purpose of Disbursement Compliance Software		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Hank's Oyster Bar			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 1624 Q Street NW			Amount of Each Disbursement this Period 136.5	
City Washington	State DC	Zip Code 20009-6354	Transaction ID : B-E-6253	
Purpose of Disbursement Food/Beverage		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3444.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 47			
	<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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Hilton Hotels		Date of Disbursement MM / DD / YYYY 09 / 19 / 2014
Mailing Address 15305 Dallas Parkway Suite 600		Amount of Each Disbursement this Period 12 Transaction ID : B-E-6254
City Addison	State TX Zip Code 75001-6472	
Purpose of Disbursement Travel	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MailChimp		Date of Disbursement MM / DD / YYYY 09 / 29 / 2014
Mailing Address 512 Means Street NW Suite 404		Amount of Each Disbursement this Period 80 Transaction ID : B-E-6258
City Atlanta	State GA Zip Code 30318-5788	
Purpose of Disbursement Software	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period 16.25 Transaction ID : B-E-6287
City San Francisco	State CA Zip Code 94105-3727	
Purpose of Disbursement Credit Card Merchant Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	108.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 47		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement												
A. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		30		2014	
M M	/	D D	/	Y Y Y Y										
09		30		2014										
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period												
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94105-3727</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94105-3727	<table border="1"> <tr> <td>2.08</td> </tr> </table>		2.08				
City	State	Zip Code												
San Francisco	CA	94105-3727												
2.08														
Purpose of Disbursement Credit Card Merchant Fee		Transaction ID : B-E-6288												
Candidate Name		Category/Type												
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table>		Office Sought:	House	Disbursement For: 2014		Senate		President	State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<table border="1"> <tr> <td>001</td> </tr> </table>		001
Office Sought:	House	Disbursement For: 2014												
	Senate													
	President													
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)												
001														

Full Name (Last, First, Middle Initial)		Date of Disbursement												
B.		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y						
M M	/	D D	/	Y Y Y Y										
Mailing Address		Amount of Each Disbursement this Period												
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		City	State	Zip Code				<table border="1"> <tr> <td></td> </tr> </table>						
City	State	Zip Code												
Purpose of Disbursement		Category/Type												
Candidate Name		<table border="1"> <tr> <td></td> </tr> </table>												
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table>		Office Sought:	House	Disbursement For:		Senate		President	State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<table border="1"> <tr> <td></td> </tr> </table>		
Office Sought:	House	Disbursement For:												
	Senate													
	President													
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												

Full Name (Last, First, Middle Initial)		Date of Disbursement												
C.		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y						
M M	/	D D	/	Y Y Y Y										
Mailing Address		Amount of Each Disbursement this Period												
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		City	State	Zip Code				<table border="1"> <tr> <td></td> </tr> </table>						
City	State	Zip Code												
Purpose of Disbursement		Category/Type												
Candidate Name		<table border="1"> <tr> <td></td> </tr> </table>												
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table>		Office Sought:	House	Disbursement For:		Senate		President	State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<table border="1"> <tr> <td></td> </tr> </table>		
Office Sought:	House	Disbursement For:												
	Senate													
	President													
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												

SUBTOTAL of Disbursements This Page (optional).....	2.08
TOTAL This Period (last page this line number only).....	25441.40

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 47	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Thomas H. Massie		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address PO Box 821		Amount of Each Disbursement this Period 25000
City Newport	State KY	
Zip Code 41072	Purpose of Disbursement Loan Repayment	Transaction ID : B-R-4
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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).....	25000.00
TOTAL This Period (last page this line number only).....	25000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 47			
	<input type="checkbox"/> 17 <input checked="" 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)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Conway G Ivy		Date of Disbursement MM / DD / YYYY 08 / 05 / 2014
Mailing Address PO Box 1408		Amount of Each Disbursement this Period 12.38 Transaction ID : B-E-6175
City Beaufort	State SC	
Zip Code 29901-1408	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2012	State: District:	

Full Name (Last, First, Middle Initial) B. Diane E Ivy		Date of Disbursement MM / DD / YYYY 08 / 05 / 2014
Mailing Address PO Box 1408		Amount of Each Disbursement this Period 12.38 Transaction ID : B-E-6176
City Beaufort	State SC	
Zip Code 29901-1408	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2012	State: District:	

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

SUBTOTAL of Disbursements This Page (optional).....	24.76
TOTAL This Period (last page this line number only).....	24.76

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 47	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Clint Didier For Congress		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address PO Box 157		Amount of Each Disbursement this Period 2000 Transaction ID : B-E-6177
City Pasco	State WA	
Zip Code 99301-1202	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name Clint Didier	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 04	

Full Name (Last, First, Middle Initial) B. Tom McMillin For Congress		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 2843 E Grand River Avenue # 252		Amount of Each Disbursement this Period 2000 Transaction ID : B-E-6178
City Lansing	State MI	
Zip Code 48912-4331	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name Thomas E McMillin	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 08	

Full Name (Last, First, Middle Initial) c. Blum For Congress		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 2728 Asbury Road Suite 400		Amount of Each Disbursement this Period 2000 Transaction ID : B-E-6286
City Dubuque	State IA	
Zip Code 52001-2969	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name Rodney Blum	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 01	

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 47	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Clint Didier For Congress		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address PO Box 157		Amount of Each Disbursement this Period 5,000.00 Transaction ID : B-E-6239
City Pasco	State WA	
Zip Code 99301-1202	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name Clint Didier	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 04	

Full Name (Last, First, Middle Initial) B. Jody Hice For Congress		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address PO Box 681		Amount of Each Disbursement this Period 5,000.00 Transaction ID : B-E-6240
City Bethlehem	State GA	
Zip Code 30620-0681	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name Jody B Hice	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 07	

Full Name (Last, First, Middle Initial) c. Marilinda Garcia For Congress		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address PO Box 821		Amount of Each Disbursement this Period 1,000.00 Transaction ID : B-E-6241
City Salem	State NH	
Zip Code 03079-0821	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name Marilinda Garcia	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NH District: 02	

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	11000.00

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L1

Thomas Massie for Congress

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

[PERSONAL FUNDS]

Election: 2012

Thomas H. Massie

Primary

General

Other (specify) ▼

Primary 2012

Mailing Address

PO Box 821

City

State

ZIP Code

Newport

KY

41072

Original Amount of Loan

80000

Cumulative Payment To Date

80000

Balance Outstanding at Close of This Period

0

TERMS

Date Incurred

M 03 / D 27 / Y 2012

Date Due

M / D / Y None

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)..... ▶

0.00

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

0.00

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